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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Cameroon
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7.5 million, of which $6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Cameroon United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Regional Development

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CAMEROON

Demographic facts

Population Total (000)	
Total	11,833
Males	5,866
Females	5,967
Sex ratio (/100 females)	98.3
Urban	4,878
Rural	6,955
Per cent urban	41.2
Population in year 2000 (000)	16,701
Functional age groups (%)	
Young child: 0-4	19.3
Child: 5-14	27.3
Youth: 15-24	18.4
Elderly: 60+	5.3
65+	3.4
Women: 15-49	21.6
Median age (years)	16.7
Dependency ratios: total	100.0
(/100) Aged 0-14	93.2
Aged 65+	6.8
Agricultural population density (/hectare of arable land)	1.13

Population density (/sq. km.)	25
Average annual change (000)	
Population increase	441
Births	612
Deaths	171
Net migration	0
Annual population total (% growth)	3.42
Urban	5.65
Rural	1.68
Crude birth rate (/1000)	47.3
Crude death rate (/1000)	13.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.90
Gross reproduction rate (/woman)	3.40
Net reproduction rate (/woman)	2.69
Infant mortality rate (/1000)	86
Life expectancy at birth (years)	
Males	53.5
Females	56.5
Both sexes	55.0
GNP per capita (U.S. dollars, 1989)	1,000

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7.5 million, of which $6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Cameroon in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the second UNFPA population programme in Cameroon. The first programme, approved in 1987 in the amount of $2.4 million, ended in December 1990, and bridging funding was provided for 1991 in order to synchronize the UNFPA and United Nations Development Programme (UNDP) programming cycles.

2. The proposed programme is based on the findings and recommendations of the multi-sectoral Programme Review and Strategy Development (PRSD) exercise which started in 1990 and culminated in a PRSD mission that visited Cameroon in March 1991. It is designed to complement and supplement the priorities and strategies reflected in the national population policy and the country's Structural Adjustment Programme. It also takes into account extensive discussions with representatives of various ministries, NGOs, agencies of the United Nations system, and multilateral and bilateral donors.

3. The programme would assist the Government in achieving three broad objectives, each with a corresponding strategy: (a) to design and implement regional and sectoral population programmes based on the national population policy; (b) to improve the health of mothers and children through the reduction of infant, child and maternal mortality and morbidity, especially by strengthening the quality and coverage of maternal and child health and family planning (MCH/FP) services; and (c) to promote the role and status of women and enhance their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to official estimates based on the country's 1987 census, the total population of Cameroon reached 12 million in mid-1991, compared to 7.7 million enumerated in the 1976 census. At the average annual growth rate of 2.9 per cent registered between the two censuses, Cameroon's population will exceed 15.5 million in the year 2000. (See the demographic fact sheet on p. 2 for United Nations estimates.)

6. Comparing the 1976 and 1987 censuses, the following population trends can be observed: fertility remained high (total fertility rate of 5.8 children per woman) and stable; mortality continued to decline steadily; and life expectancy at birth, estimated at 37 years in 1963, rose to 47 years in 1976 and to 53 in 1987, while infant mortality dropped from 113 per 1,000 in 1976 to 88 per 1,000 in 1987, a rate still considered by the Government as too high. Urbanization is expanding rapidly, with the proportion of the population living in urban areas increasing from only 20 per cent of the total in the early 1960s to over 40 per cent at present. It is estimated that about half of the Cameroonian population will live in urban areas by the end of the century. The population is

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unevenly distributed, with the four most densely populated provinces occupying only one third of the total area but accounting for 71 per cent of the total population, and there is considerable internal migration towards the country's two largest cities, as well as to the provincial capitals and less-populated rural areas.

7. Cameroon is facing serious environmental problems. The most densely populated areas in the west and far north are seriously affected by erosion and a decline in land fertility, and the uncontrolled commercial exploitation of the dense tropical forest in the south is rapidly depleting the already poor soil there. The environment is also being threatened by rapid urbanization, particularly of the country's two largest cities. The Government has not yet formulated a policy on the environment and the use of national resources.

8. Agriculture remains a key sector, employing two-thirds of the population and generating one fourth of the gross domestic product (GDP). Following its discovery in 1978, oil became a main source of government revenues. Since Independence in 1960, Cameroon's economic performance has been one of the best among sub-Saharan African countries. Gross national product (GNP) per capita rose by 7.0 per cent per year in the first half of the 1980s. However, owing to a drop in commodity prices (petroleum, coffee, cocoa and cotton), which was aggravated by the depreciation of the U.S. dollar, the situation worsened quickly in 1986 and resulted in a negative annual GNP. High population growth further aggravated the situation, intensifying the pressure on the country's social infrastructure and worsening the unemployment situation. In response to the resulting economic crisis, in 1989/1990 the Government embarked on a drastic Structural Adjustment Programme, which replaced the Sixth Development Plan (1986-1990).

9. Considerable progress has been achieved in improving the health of the Cameroonian population. However, insufficient access to safe drinking water and the prevalence of generally poor conditions of hygiene, inadequate distribution of health facilities and of health personnel and declining financial resources for the health sector give reason for major concern. While little is known about the coverage of MCH services, it is estimated that half of the births take place in maternity wards and two-thirds of women of reproductive age have received anti-tetanus inoculations. Still, maternal mortality is high at an estimated 420 per 100,000 live births. The infertility rate (17 per cent according to a national fertility survey conducted in 1978) is high, and the numbers of abortions among adolescents and undesired pregnancies are increasing. While the rate of HIV infection is still rather low (1.5 per cent), it constitutes a major health problem. The Government therefore launched an AIDS prevention programme in 1988. Although modern contraceptive prevalence is estimated at 5 per cent nationwide, there are significant differences between urban and rural areas: whereas contraceptive practice in rural areas is virtually non-existent, the demand for family planning services is rapidly increasing in the urban areas.

10. Although the illiteracy rate stood at 40 per cent in 1987 (30 per cent for men compared to 50 per cent for women), the Government has striven in the past two decades to promote education. This has resulted in a more than fourfold increase in enrolment in primary schools, reaching some 75 per cent of primary school-age children in 1989. However, drop-out rates remain high. The economic crisis is also aggravating the situation in the education sector. As a result, teacher training and recruitment have been halted, and parents are obliged to bear an increasing share of the cost of primary education.

11. The Government is greatly concerned by the high rate of population growth and its implications for attaining sustainable development. In 1991, the Interministerial Technical Committee on Population approved a draft national population policy. The revised draft has been submitted to the National Population Commission (NPC) and is expected to be endorsed soon. However, while the national population policy is an important declaration guiding future population activities in the country, it does not contain specific population and health care targets. It therefore must be translated into a coherent plan of action to assure its effective implementation.

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12. Although the Constitution recognizes that all human beings are equal, women often remain in a disadvantaged position. For example, while women assume the bulk of the workload in agriculture and food production (where 9 out of 10 economically active women are employed), they are not allowed to own land. As part of its efforts to improve the role and status of women in society, the Directorate for the Promotion of Women is engaged in a substantial number of activities addressing such issues as responsible parenthood and health education, involvement of women's groups in production and commerce, training in management and access to credit.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA's assistance to Cameroon began in 1972 when the Fund helped finance the country's first population and housing census, which was completed in 1976. Between 1972 and 1986, UNFPA supported activities in the fields of MCH/FP and information, education and communication (IEC), assisted in the creation of a Population Planning Unit and made initial contributions towards the organization of the second population and housing census conducted in 1987. UNFPA also fielded a basic needs assessment mission in 1979.

14. In June 1987, the Governing Council approved the first programme of UNFPA assistance to Cameroon in the amount of $2.4 million over the four-year period 1987-1990. However, owing to the severity of the economic crisis, which made it difficult for the Government to provide its counterpart contribution, UNFPA had to allocate an additional $600,000 to the programme to ensure the completion of the census. The Fund also allocated bridging funds in order to synchronize UNDP and UNFPA programming cycles. This is being used to extend ongoing activities considered too important to jeopardize because of the lack of funding and to provide preparatory assistance for two IEC projects which will be implemented under the second country programme.

15. The PRSD mission that visited Cameroon in March 1991 found that important progress has been made during the last five years in the field of population. In this context, the UNFPA programme played a key role, achieving positive results in data collection with the publication of the 1987 census data; in the area of MCH/FP with the launching of a programme to improve the delivery of family planning services; in the areas of IEC and women, population and development with, respectively, the formulation of a strategy to educate Cameroonians in responsible parenthood and the integration of women into the development process; and in the field of population and development with the submission of a draft national population policy to the NPC. The successful implementation of the programme was due primarily to improved programme management, increased government commitment to population issues, emphasis on the strengthening of national institutions and the training of national staff.

16. However, the PRSD mission did identify several constraints that hampered the implementation of the programme, including: (a) insufficient knowledge of the interrelationships between population and development; (b) insufficient attention to differences in behaviour and attitudes of various ethnic and cultural groups of the Cameroonian population; and (c) lack of decentralization and of effective community participation.

Maternal and child health and family planning

17. UNFPA support to this sector started in 1984 and was aimed at strengthening the family planning component in the curricula of two MCH/FP training centres (one in the francophone and one in the anglophone parts of the country). However, delays in the construction of the second MCH/FP training centre, which has not yet been completed, limited the scope of the training. Moreover, an evaluation of the project in August 1988 recommended that the curricula should be reoriented to place greater emphasis on family planning.

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18. In 1989, UNFPA started to assist the Government in its efforts to formulate a national family health policy and to promote family planning services within existing MCH centres in urban areas. A consensus-building seminar for decision makers held in August 1990 led to the formulation of the broad guidelines for MCH/FP activities as a basis for a national family planning policy, which is yet to be finalized. The delivery of family planning services started in 1990 in the four MCH centres in Yaounde and was extended in 1991 to four MCH centres in Douala. UNFPA assistance was used to rehabilitate and equip the centres and train centre medical and paramedical personnel in family planning techniques through seminars, workshops, short-term fellowships and study tours. The absence of a national family planning policy hindered efforts to expand the coverage of family planning services, delaying the choice of MCH/FP centres authorized to deliver family planning services and the designation of staff.

Information, education and communication

19. UNFPA assistance helped to develop a strong population IEC programme, which made it possible to create awareness of population and related issues and to sensitize various groups of the society on responsible parenthood and family welfare. This was accomplished through a population education programme, which was carried out at the community level in 12 experimental centres throughout the country. The national project team, field staff and community leaders also benefited from numerous training seminars on responsible parenthood. Programme shortcomings included, among others, too great a focus on community development activities (at the expense of education on responsible parenthood) and a shortage of skilled staff and funds, which hindered the operations of some experimental centres. These shortcomings will be addressed in future by a newly created Supervisory Unit, which, with the support of all collaborating government partners, has been tasked with formulating a national strategy on responsible parenthood.

20. The IEC activities aimed at organized workers in more than 30 enterprises have been successful due in large part to the full support given to them by the Government. Supporting committees, in which the factory management participates, have been set up in the majority of the main enterprises where education campaigns on family life have been institutionalized. UNFPA assistance has also been used to improve health services, provide advice on family planning, establish a documentation centre, train some 120 instructors, produce visual aids for training purposes, and complete, with the assistance of the Institut de Formation et de Recherche Démographiques (IFORD), a knowledge-attitudes-practice (KAP) study.

21. A Population IEC Unit was established in 1989 within the Ministry of Information and Culture to ensure regular coordination among the various IEC programmes, to disseminate information on population issues (especially through the mass media), to adapt the contents of population messages to various target groups and to train a team of journalists to report on pertinent population activities. A March 1991 evaluation identified numerous problems that hampered the implementation of the Unit's planned activities, including the difficulty in identifying a qualified chief technical adviser and the lack of a national organizational infrastructure. However, the Unit did succeed in training some journalists and sensitizing religious groups and national NGOs in population and related issues, in disseminating population-oriented information and in publishing the findings of research on folk tales and proverbs related to family welfare.

Data collection and analysis

22. UNFPA assistance to this sector was used mainly to support the conduct of the second population and housing census of 1987, in particular to provide training, data-processing equipment and vehicles and to offset printing costs and maintain equipment. In view of the financial constraints faced by the Government in 1989, UNFPA approved additional funding to secure temporary staff, purchase needed data-processing equipment and

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publish census data. Although considered a success, a fact confirmed by an independent evaluation mission fielded in March 1991, the census results were officially distributed only in March 1991 because of delays in the promulgation of the decree establishing the legal basis for the census operations, in the purchase of computer equipment (which resulted in the halting of census operations for virtually one year) and in the Government's approval of the census results. Nonetheless, the census project was notable in that the entire operation was carried out by national staff, except for brief backstopping missions undertaken out by regional advisers based at the Economic Commission for Africa (ECA). The project also helped to strengthen the Department of the Census, through training in country and abroad, and to intensify the cooperation between several national and regional institutions. In addition to the census, UNFPA co-financed a study on the Cameroonian family.

Population policy formulation

23. The Population Planning Unit, which was established in the Ministry of Planning and Regional Development in 1984 in order to institutionalize the formulation of a population policy, contributed greatly to the incorporation of demographic considerations in the Sixth Development Plan and to the creation, in 1985, of a National Population Commission and its Interministerial Technical Committee on Population. In 1990, background documents on the demographic situation of Cameroon and on the consequences of demographic growth for the different sectors of social and economic life, as well as for development in general, were prepared and the main orientations of the national population policy identified. These documents were extensively discussed during 10 provincial seminars aimed at creating a consensus among opinion leaders and decision makers from the public and the private sectors. The national population policy has been submitted to the National Population Commission for endorsement.

Women, population and development

24. Since 1987, UNFPA has been supporting the promotion of women, population and development activities through the country's network of women's centres, providing intensive training to more than 80 staff of such centres as well as members of the national project team on such issues as population, family life and legislation concerning the family. The project team developed and disseminated a Guide for Population Education aimed at women involved in children's day care, many of whom are being trained in the two women's centres where a community pharmacy and family planning service centre are also operational.

Other external assistance

25. International assistance to population activities focused mainly on the health sector, with different donors concentrating their assistance on specific regions at the request of the Government. The United States Agency for International Development (USAID), extending assistance to the MCH/FP sector since 1979, has provided training for medical and paramedical staff in reproductive health and child spacing as well as for senior staff of nursing schools in communication skills in MCH/FP. USAID has also supported training for demographers and statisticians. USAID's new five-year project cycle, scheduled to start in early 1992, will concentrate on the implementation of primary health care strategies, of which family planning is a component. Other donors active in Cameroon include Belgium, which has supported a health project since 1986 aimed at establishing primary health care services in Far-North Province; Germany, which has allocated $1.1 million over a two-year period for the primary health care programme and which plans to extend its support to strengthen IEC programmes and to start family planning activities, especially in rural areas; and France, which plans, over the 1991-1996 period, to assist the development of primary health care services in North Province and the strengthening of the central hospitals of Douala and Yaounde.

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26. Multilateral organizations providing population and related assistance include, among others, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and UNDP. UNICEF's five-year programme (1991-1996) focuses on the expanded programme of immunization (EPI) and on the promotion of primary health care. WHO is supporting programmes in the area of MCH/FP, AIDS prevention and training of medical staff. UNDP, in its fifth cycle, will continue to support activities to protect and manage the environment and to further integrate women into the development process.

27. The World Bank, in collaboration with the Government, developed within the Structural Adjustment Programme a Social Dimensions of Adjustment Programme. The health component, whose main objective is to establish a cost-effective health delivery system, will seek to improve primary health care services, the aim being, among others, to reduce maternal mortality and to increase contraceptive prevalence. The population and health component will require $23.7 million, which will be shared, in principle, among the Government, the European Community, France, Germany, Japan, the United States and UNFPA.

IV. PROPOSED PROGRAMME 1992-1996

28. The 1992-1996 proposed programme is based on the national population strategy and on the recommendations of the PRSD mission. The overall objectives of the national programme are outlined in paragraph 3 above.

29. The long-term objectives of the UNFPA programme are to assist the Government in: (a) strengthening national capacities to plan, implement and manage population policies and programmes; and (b) reducing infant and maternal morbidity and mortality, teenage pregnancy and abortion by extending the coverage and improving the quality of the family planning services of MCH/FP centres.

30. The immediate objectives of the proposed programme are: (a) to assist the Government in implementing the national population policy through the formulation and implementation of regional and sectoral strategies and plans of action; (b) to increase contraceptive prevalence from 5 per cent in 1990 to 20 per cent in 1996, mainly by extending the coverage of quality family planning services in urban MCH/FP centres; (c) to devise a cohesive IEC programme to inform Cameroonians of the availability of family planning services, increase demand for such services and raise awareness on population and related issues, especially responsible parenthood, among specific target groups, such as youth, workers, officials, policy makers and opinion leaders; (d) to improve knowledge of population issues by collecting, analysing and disseminating relevant data and by carrying out research and studies; and (e) to improve the well-being of women as regards their reproductive and productive roles and to increase their participation in the development process.

31. In order to attain the above objectives, UNFPA proposes an overall strategy that would: (a) expand family planning services in urban areas, complementing the efforts of other donors, which will provide such services mainly in rural areas; (b) support the establishment of management information and logistics systems to oversee the distribution of such services; (c) reorient IEC programmes towards specific target groups; (d) enhance the Government's capacity to coordinate population activities; and (e) strengthen the national institutional capacity to plan, formulate, implement and manage population programmes by enhancing the skills of national staff. The strategy would also emphasize decentralizing institutional decision-making and programme implementation, as well as promote community and NGO participation in programme design, implementation and evaluation.

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Maternal and child health and family planning

32. The objectives in this sector are: (a) to strengthen the national capacity to implement the national family planning programme; and (b) to increase contraceptive prevalence from 5 per cent in 1990 to 20 per cent by 1996. This will require, as stressed by the PRSD mission, the formulation of a clear and comprehensive MCH/FP policy and programme. UNFPA, through provincial and national workshops/seminars, would seek to build a consensus on such a policy and programme and translate into an official policy the conclusions and recommendations of a 1990 national seminar on MCH/FP policies. Such a policy would contain provisions for setting up an adequate and regular system for supervision, coordination and exchange of experiences between the various donors offering family planning services in Cameroon.

33. Since USAID and other donors will concentrate their activities in the rural areas and in the private sector, UNFPA assistance would focus on expanding family planning services in urban areas, where coverage is at present well short of demand. This is due in large part to the limited number of MCH centres (8) offering family planning services, the infrequency with which these centres offer such services and the generally poor quality of the services offered. UNFPA assistance would, therefore, provide equipment and materials to help integrate family planning services into at least 28 additional MCH centres, including a referral centre in each provincial capital, as well as to establish in the maternity homes of the major towns 10 clinics specializing in pre- and post-natal health care for women at high risk, in accordance with the principles of the Safe Motherhood approach. Family planning services would also be extended to women's centres, main public and private enterprises, and out-patient departments of army and police force health centres.

34. UNFPA would make available all contraceptive methods in the MCH/FP centres it supports. Apart from condom requirements (estimated at 25 million), which would be covered mainly by USAID, the total contraceptive needs to achieve the prevalence target of 20 per cent by 1996 are estimated at 3 million cycles of pills, 2 million doses of injectables, 260,000 intra-uterine devices (IUDs) and 415,000 tubes of spermicides. The total cost of contraceptives, excluding condoms, would be around $2 million and would be provided by UNFPA, USAID and other donors.

35. UNFPA would also provide assistance for training in family planning aimed at enhancing the skills of all categories of health staff, including doctors, midwives and nurses. The bulk of the training would take place in-country and be practice-oriented, though some trainers would participate in the workshops and courses organized abroad by the UNFPA-sponsored centres. The training would cover a wide range of areas, including obstetrics/gynecology, hygiene and sanitation, prevention of AIDs and other sexually transmitted diseases (STDs), collection of MCH/FP statistics, and in particular the management of family planning programmes. Particular attention would be paid to training in information and communication techniques in order to familiarize people about the availability of family planning services and with a goal of generating demand. UNFPA would also provide support to establish a reference and documentation centre.

36. UNFPA proposes to provide $3 million to this sector, of which $750,000 would be sought from other sources, including multi-bilateral sources.

Information, education, and communication

37. In the area of population IEC, the proposed programme would seek: (a) to raise awareness of the need for family planning and to inform Cameroonians of the availability of family planning services; (b) to enhance the knowledge of policy makers, opinion leaders and the general public about the potential consequences of various population factors on the prospects for sustainable development; and (c) to assist the Government in developing

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an overall strategy for IEC activities and in improving the coordination, design, production and dissemination of didactic materials.

38. As regards the non-formal sector, UNFPA would expand ongoing activities aimed at organized workers, women and the rural population and continue efforts to sensitize decision makers on population issues. IEC activities aimed at trade-union members would be extended to non-organized workers of the non-formal sector and to other organizations such as cooperatives, credit unions and various professional syndicates, as well as to civil servants, especially women, in all governmental organizations. UNFPA would continue to provide support to private and regional mass media (press, radio, television), and to train journalists at the Advanced School for Mass Media. The Fund would also train members of non-governmental associations (including scouting and religious groups) in communication techniques and in population issues. In the rural areas, UNFPA would strengthen the integration of family planning into the home economics programme of the Ministry of Agriculture, in particular by training community leaders as trainers through the network of Community Education and Action Centres.

39. In the area of information, UNFPA would support campaigns to inform the most receptive social groups among the urban population about the availability of family planning services. Since little is known about how messages on population are perceived by the target groups, UNFPA would support an in-depth study on the use of different concepts and channels of communication. In order to improve coordination, the IEC Technical Committee established in the Ministry of Information and Culture would be enlarged to include representatives of other technical ministries.

40. Considering the high level of school enrolment in Cameroon, UNFPA would give strong support to the population education programme in the formal sector. On the basis of the experience gained during the pilot phase of an earlier project, the Fund would extend activities to 150 secondary schools and to technical and teachers' colleges. Family life and sex education modules would be adapted to the socio-economic context of each region, using the analysis of two KAP surveys and of ethno-sociological research on teenage sexuality and family life as a basis. Training in sex education, including the methodology of teaching, would be provided in each province to in-service nurses and to doctors who are responsible for teaching sex education during their regular visits to schools. UNFPA would also help organize special meetings for parents to explain the objectives of the education programme.

41. In addition, population education modules would be developed and integrated into the curricula of secondary schools and technical and teachers' colleges in such subjects as mathematics, geography, history, literature, biology and civics. The modules would contain information on AIDS and sexually transmitted diseases as well as on the environment and gender issues. Teachers of each subject would receive specialized training during annual refresher courses at the beginning of the school year, at which time revised texts would be disseminated.

42. A total amount of $2,150,000 would be provided to this sector, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

43. The objectives for this sector would be: (a) to strengthen the data collection capacity of national institutions; and (b) to improve the knowledge of pertinent demographic factors in order to better assess the impact of demographic trends on socio-economic development and on the environment, especially at the regional level.

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44. During the period of the programme, such activities as cartography and questionnaire design would be undertaken in preparation for the third population and housing census, which is scheduled for 1997. Of primary concern will be the timely processing, analysis and dissemination of data and the active participation of the community. National experts will provide the technical backstopping. UNFPA would also support the Ministry of Territorial Administration in revising, on an experimental basis, the civil registration systems in Yaounde and Douala, providing training for staff in processing, analysing and disseminating vital statistics data. UNFPA would also assist the Government in carrying out a study on the coverage and quality of civil registration data, which could be combined with a survey on general mortality. To stimulate the analysis and dissemination of population data at the provincial level, UNFPA would help organize a national seminar, followed by regular workshops to design a model plan to be adapted to the specific needs of each province.

45. A total of $600,000 is proposed for this sector, $250,000 of which would be sought from other sources, including multi-bilateral sources.

Population policy formulation

46. The objectives in this area would be: (a) to elaborate regional and sectoral strategies and plans of action for the implementation of the national population policy; and (b) to facilitate the efficient functioning of the government institutions in charge of implementing the national population policy.

47. In addition to continued support to the Population Planning Unit, UNFPA would provide assistance to establish two provincial population planning units on an experimental basis. In view of the rapid rate of urbanization, UNFPA would assist with the strengthening of a unit in Douala for the study of urban population problems. UNFPA would also provide funds to stimulate interdisciplinary studies and operations research on population and development issues among universities or relevant ministerial bodies, and to disseminate the results widely. The Fund would also provide assistance to the National Population Commission and its Interministerial Technical Committee on Population, to enable them to monitor the implementation of the national population policy.

48. In the area of population and the environment, UNFPA would assist the Government in promoting awareness at the national and regional level of the complex relationships between population and the environment and in developing a national conservation strategy with a strong population component. In addition, UNFPA would support regional operations research actvities on the impact of demographic changes on environmental degradation, as well as on the consequences of environmental changes on the behaviour and attitudes of the population.

49. An amount of $750,000 would be provided for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

50. In this area, UNFPA assistance would aim at: (a) enhancing women's participation in population and development activities; and (b) increasing knowledge about the interrelationship between women, population and development activities. In order to increase women's income and enhance their independence and self-respect, UNFPA would, in collaboration with other donors, work with the Directorate for the Promotion of Women and various national NGOs to expand women's access to credit. UNFPA would continue its support to the network of women's centres, mainly in urban areas, by providing family planning services and offering counselling services

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for young couples planning to marry. UNFPA would also encourage the study of women's roles in society and promote the collection and analysis of relevant gender data.

51. UNFPA would provide a total amount of $750,000 for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

52. An amount of $250,000 has been set aside as a reserve to cover unforeseen activities falling within the context of the proposed programme.

Programme coordination

53. The Ministry of Planning and Regional Development will be responsible for overseeing the coordination of the population programme, and the Interministerial Technical Committee on Population will play a key role as far as population policy is concerned. The Ministry of Health will monitor the implementation of MCH/FP services and coordinate the activities of the various donors. The IEC Technical Committee will ensure the coordination of population IEC activities, and the Directorate for the Promotion of Women, assisted by the recently created Supervisory Unit, will be responsible for coordinating the implementation of the multisectoral programme for women. For its part, UNFPA will serve as a member of the "Struggle against AIDS" Coordination Committee, participate in regular meetings of donors and relevant government ministries following up on the implementation of the World Bank-developed Social Dimensions of Adjustment Programme, and attend meetings of representatives of major NGOs when population matters are being discussed.

54. In keeping with the Joint Consultative Group on Policy (JCGP) agreement to harmonize programmes, UNDP actively participated in the PRSD mission of which the main orientations have been integrated into the draft "Resident Representative's Advisory Note" on the fifth UNDP country programme in Cameroon. The World Food Programme (WFP) and other United Nations agencies, especially WHO, were also active in the PRSD exercise. Under the aegis of UNDP, regular meetings will continue to be organized among JCGP members, as well as other United Nations agencies. UNFPA will collaborate closely with UNDP, UNICEF and WFP during project formulation and during backstopping and evaluation missions and will work to strengthen its coordination with bilateral agencies. The Fund will also seek to ensure that evaluation results and findings of population-related studies and reviews are exchanged among donors and executing agencies.

Programme monitoring, evaluation and management

55. In order to strengthen the Government's capacity to monitor and evaluate population activities, the UNFPA field office would conduct workshops for national staff on improving project design, monitoring and evaluation. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, which would require, among other things, a mid-term and final review of the programme and involve other United Nations agencies, notably JCGP members, executing agencies and donors. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

56. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7.5 million over the five-year period 1992-1996, of which $6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate the two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,250,000	750,000	3,000,000
Information, education and communication	2,000,000	150,000	2,150,000
Data collection and analysis	350,000	250,000	600,000
Population policy formulation	650,000	100,000	750,000
Women, population and development	500,000	250,000	750,000
Programme reserve	250,000	-	250,000
TOTAL	6,000,000	1,500,000	7,500,000

V. RECOMMENDATION

57. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Cameroon in the amount of $7.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $6 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Cameroon and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Thailand
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7 million, of which $6 million would be programmed from UNFPA regular resources. The amount of $500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Thailand United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Department of Technical and Economic Cooperation

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THAILAND

Demographic facts

Population Total (000)	
Total	55,702
Males	27,951
Females	27,751
Sex ratio (/100 females)	100.7
Urban	12,609
Rural	43,093
Per cent urban	22.6
Population in year 2000 (000)	63,670
Functional age groups (%)	
Young child: 0-4	10.2
Child: 5-14	22.5
Youth: 15-24	21.8
Elderly: 60+	6.2
65+	3.9
Women: 15-49	27.0
Median age (years)	22.9
Dependency ratios: total	57.6
(/100) Aged 0-14	51.4
Aged 65+	6.2
Agricultural population density (/hectare of arable land)	1.87

Population density (/sq. km.)	109
Average annual change (000)	
Population increase	781
Births	1,155
Deaths	375
Net migration	0
Annual population total (% growth)	1.35
Urban	4.02
Rural	0.50
Crude birth rate (/1000)	20.0
Crude death rate (/1000)	6.5
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	2.20
Gross reproduction rate (/woman)	1.07
Net reproduction rate (/woman)	1.00
Infant mortality rate (/1000)	24
Life expectancy at birth (years)	
Males	65.1
Females	69.2
Both sexes	67.1
GNP per capita (U.S. dollars, 1989)	1,220

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7 million, of which $6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Thailand in achieving its population and development objectives. The amount of $500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The proposed programme would be the sixth in a series of programmes, with UNFPA assistance amounting to $28.2 million from 1971 to 1991, of which $5.5 million was expended during the fifth country programme (1987-1991).

2. The proposed programme is based on: (a) the priorities identified in the Government's forthcoming Seventh Five-Year National Economic and Social Development Plan (1992-1996); (b) the findings and recommendations of a Programme Review and Strategy Development (PRSD) mission that visited the country in May 1991; and (c) the outcome of meetings and consultations with the representatives of various government departments, both at central and provincial levels, non-governmental organizations (NGOs) and agencies of the United Nations system as well as with representatives of multi-bilateral donor agencies that are active in the population field in Thailand. The proposed programme is designed to coincide with the fifth programme cycle of the United Nations Development Programme (UNDP), a partner agency of the Joint Consultative Group on Policy (JCGP).

3. The main objective of the proposed programme is to continue to provide assistance to Thailand's population policy development process and its population programme. In relation to this overall goal, UNFPA assistance would contribute to the following objectives: (a) reduce the population growth rate from its current level of 1.4 per cent to 1.2 per cent by 1996; (b) improve national capacity to refine the country's population policy and to gain a better understanding of the changing Thai family and develop population plans accordingly; (c) assist the National Family Planning Programme (NFPP) in improving the outreach of services to adolescents, men, the poor and minority groups; (d) reorient information, education and communication (IEC) activities to inform people of available contraceptive methods and to raise their awareness and understanding of such issues as AIDS and environmental problems; (e) heighten women's role in development; (f) help to develop Thailand's potential to provide technical assistance to other developing countries in the field of population; and (g) raise public awareness of issues of population, development and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with nationally and internationally recognized human rights of individual freedom, justice and survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. According to United Nations estimates, the population of Thailand is approximately 56 million. The country's population growth rate has dropped markedly in the past three decades, falling from 3 per cent in the 1960s to 2.1 per cent in 1980 and 1.5 per cent in 1988. This has been accompanied by an equally

rapid decline in fertility, which fell from 6 children per woman in the mid-1960s to 3.4 in the mid-1980s to an estimated 2.5 at present. Despite such declines in fertility, the population growth rate is expected to decline only slowly over the next two decades, as the proportion of women of reproductive age will continue to rise until 1995, before leveling off by the turn of the century and beginning to decline after the year 2000.

6. Although fertility has declined equally in urban and rural areas, there are still marked differences among the various regions of the country. For example, whereas the fertility rate in the north and central areas and in the Bangkok metropolitan area is close to or below replacement level, in the northeast and in the south it remains much higher at between 2.8 and 3.1 children per woman. There is also considerable regional variation in contraceptive prevalence rates (estimated by the Ministry of Public Health at 74 per cent nationally and 46 per cent in the south) and in maternal mortality rates (estimated at 40 per 100,000 live births nationally but ranging from 10 to 60 per 100,000 in different regions).

7. The period between 1960 and 1990 also witnessed a significant decrease in mortality, particularly infant mortality, which was roughly halved between the mid-1960s and 1980, and is currently estimated at 24 per 1,000 live births. Although further declines are expected, high levels of HIV infection may increase mortality rates in the future.

8. Thailand's urban population is growing at over 4 per cent a year, increasing from 24 per cent of the total population in 1975 to 29 per cent in 1988, according to the estimates of the National Economic and Social Development Board. (See the demographic data sheet on p. 2 for United Nations projections.) Over half of the country's urban dwellers live in the greater Bangkok metropolitan area, and in recent years, the second-tier cities (e.g., Korat, Hat Yai, Songkhla, Chiang Mai and Chon Buri) have been increasingly attracting rural migrants. Such growth, if continued, will exacerbate the country's environmental problems, for example, overcrowding, traffic congestion, air and water pollution, and place added strain on forest reserves and agricultural land.

9. Following a decade of consensus building in the 1960s, Thailand adopted an official population policy in 1970. The family planning programme has been the policy's main lever for reducing fertility, although it has been recognized that other factors such as education play a role in the process. The third development plan, 1972-1976, the first to express concern about the population problem, promoted family planning as a way of lowering rates of population growth, an emphasis that persisted in all subsequent plans. The fourth plan, emphasizing the need to limit the growth of Bangkok, encouraged the growth of other urban areas, again an emphasis that persisted in subsequent plans. The fifth plan, 1982-1986, stressed the importance of improving the quality of people's lives, and the sixth plan aimed at reducing the population growth rate to 1.3 per cent by 1991.

10. The population projections on which the seventh development plan is based indicate a slowing in annual population growth rates from 1.4 per cent in 1991 to 1.2 per cent in 1996-2001, 1.1 per cent in 2001-2006 and 1.0 per cent in 2006-2011. To achieve these goals, the NFPP has set the following targets by the end of the seventh plan period: (a) an increase in contraceptive prevalence to 77 per cent in all regions of Thailand; and (b) a reduction in the percentage of women who have their first child before age 20 from 15 per cent to 10 per cent. The seventh plan also aims to bring about a more equitable distribution of the benefits of socio-economic development by redressing imbalances in the distribution of population, particularly by stimulating the growth of certain geographical areas in order to stem the population movement into the major metropolis of Bangkok.

11. The Thai economy is one of the fastest growing in the world. It is also one of the steadiest, having sustained a high rate of growth for the last three decades: 7 per cent a year during the 1970s, 6 per cent a year

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during the early 1980s, and over 10 per cent a year during the late 1980s. Moreover, this high rate of growth, which is expected to continue for at least the next several years, has been accompanied by a rapid and fundamental shift away from agriculture to industry and services. While Thailand's achievements in the population field, especially in relation to the goals defined in the Amsterdam Declaration, have been impressive, the Government remains committed to improving the quality of life of the population. This will require, among other things, redressing regional imbalances in fertility and mortality rates, bringing about a better distribution of population within the country, and balancing the population growth rate with the proper use of national resources.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. At present, UNFPA is the only major international donor in the field of population active in Thailand. Although other agencies have supported family planning activities in the past, very little of such support is being provided at this time. UNFPA assistance to Thailand commenced in 1971 shortly after the launch of the Government's National Family Planning Programme in 1970. Cumulative assistance through 1991 has amounted to approximately $28.2 million, with support to over 65 projects. The five country programmes that have spanned this period have been based on three basic needs assessments undertaken in 1978, 1981 and 1986. The current (fifth) country programme was approved by the Governing Council in 1987 for a five-year period in the amount of $5.5 million. This programme, which was designed to complement the Government's Sixth Five-Year Social and Economic Development Plan and which was largely executed by the Government, emphasized extending the outreach of family planning services to meet the unmet needs of those in the south and the north and of adolescents.

13. Thailand's National Family Planning Programme, which contributed to a reduced population growth rate from 2.1 per cent in 1980 to 1.4 per cent in 1990, is recognized as one of the most successful programmes in the world. Under previous UNFPA assistance programmes, support was given to the training of medical and paramedical personnel in both clinical and communication skills to improve family planning service delivery. IEC materials for the formal and non-formal sector were developed, and research activities to improve the methodology of the delivery of family planning services were also supported. In general, UNFPA's support of the Government's population programme has contributed to the lowering of fertility rates from 3.4 children per woman in the mid-1980s to about 2.5 at present and helped to increase contraceptive prevalence to close to 75 per cent in 1991. However, there remain unmet family planning needs of various subsectors of the population, and meeting these needs is the focus of assistance during the proposed country programme cycle.

Maternal and child health and family planning

14. Maternal and child health and family planning (MCH/FP) has been a priority sector of the fifth country programme, accounting for some 44 per cent of allocations. In the south, the region with the country's lowest contraceptive prevalence rate, UNFPA has provided assistance in adapting the family planning programme to its predominantly Muslim culture by promoting the acceptance of birth spacing for MCH purposes and by providing birth-spacing services. Religious leaders, teachers, traditional birth attendants and village health communicators have figured prominently in activities that have emphasized birth spacing rather than fertility limitation. The results of these efforts in the south have been generally disappointing, however, with contraceptive use there increasing by only 10 per cent, from 35 per cent to 45 per cent (1990), well below the target of 55 per cent set by the Government's sixth plan.

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15. In the hilltribe areas of the north, UNFPA has been supporting since 1981 a pilot project to design and implement a model for delivering low-cost health care and family planning services. This programme has gradually expanded from one province in 1981 to five provinces in 1985 to 11 provinces in 1987. This innovative programme, which is being gradually and increasingly supported by government budget allocations, now reaches at least one fourth of the hilltribe population in a mountainous region posing enormous problems of accessibility.

Information, education and communication

16. In the more recent past, IEC efforts of the UNFPA programme in Thailand have tended to focus on family planning motivation in specific geographic areas in which contraceptive prevalence is low. UNFPA also provided assistance to the Ministry of Public Health to help increase knowledge of contraception and reproductive health among adolescents in the northeast. Activities included training for teachers and administrators and a particularly successful peer counselling programme. UNFPA also assisted a modest pilot activity in the Ministry of Agriculture aimed at integrating population education into agricultural extension services in Thailand. Although some materials have been tested under this activity, its impact for the time being has been somewhat limited owing to its small scope.

17. UNFPA assistance has contributed to the introduction of population education into the curricula and textbooks of primary and secondary schools, as well as to its incorporation as a course in a number of teachers' training colleges. However, although the Government identified population education as a priority under the sixth plan, little progress has been made in this area since the conclusion of a UNFPA-assisted project funded under the fourth country programme.

Data collection and analysis

18. UNFPA provided limited assistance to the National Statistical Office (NSO) to publicize activities relating to the 1990 census in order to strengthen understanding of the census in the wider community. In addition to decennial censuses, the NSO undertakes a large number of surveys (on such issues as the labour force, housing, migration and various socio-economic indicators) at regular intervals. However, the extensive data collected remain underanalysed, and there are problems with the vital registration system.

Population policy formulation

19. Population and development planning have featured prominently in the UNFPA fifth country programme. Two activities with the National Economic and Social Development Board have addressed this critical area. The first, concerned primarily with the development of analytical techniques based on an economic-demographic model, aims to study the impact of population trends on various aspects of development, and on this basis to formulate appropriate development plans and policies. The second study is intended to facilitate better integration of population variables into human resource planning.

20. Another UNFPA-assisted activity with the Ministry of Interior has been addressing some of these issues in the regional context. Under this activity, a nationwide provincial population database has been developed for use in training programmes and in the reformulation of population policies and family planning programmes at the provincial and district levels. This database has now been pilot tested in some 20 provinces.

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Population dynamics

21. UNFPA provided assistance to a research project to explore the socio-economic consequences of Thailand's fertility decline at the micro level. This important study found that parents of smaller families could provide better education for their children and accumulate more wealth. Couples who had fewer children not only were more likely to see their children go beyond the compulsory level of education, they also accumulated more consumer goods, had higher rates of savings and lived in better housing than those with more children.

Women, population and development

22. Under the current country programme, UNFPA has been providing assistance through the National Council of Women of Thailand (NCWT) to help rural women, particularly Muslim women in the south, gain access to formal credit markets and to training for development activities. Another similar activity aims at improving the health status of women and children in the north and northeast (the poorest region in Thailand) by strengthening the capabilities of rural women to design and implement small-scale income-generating and community development activities. This activity, an important prototype for integrated, community-based women's projects, has also sought to involve village women's committees fully in promoting the use of comprehensive health services.

Technical cooperation among developing countries (TCDC)

23. Considerable TCDC activities have been under way in Thailand in recent years, and this is expected to expand further. In 1990, some 112 UNFPA-sponsored fellows from countries in Asia and Africa visited Thailand to study a wide variety of activities such as logistics systems for the distribution of contraceptives, family planning programme implementation and management, human resource planning, and demography. During their visits, UNFPA fellows have spent time with personnel from government ministries, universities, NGOs and private sector agencies, both in Bangkok and in the field.

24. The UNFPA field office in Thailand has also used a number of Thai experts from government and academe for activities in other countries, including, for example, providing technical services to the Governments of Myanmar and the Lao People's Democratic Republic under the auspices of several UNFPA activities.

IV. PROPOSED PROGRAMME 1992-1996

25. The proposed UNFPA programme of assistance aims at supporting the Government's efforts in the field of population during the seventh plan period. The May 1991 PRSD mission suggested that it was time for Thailand to consider its longer-term population needs and to ensure that short-term objectives are consistent with long-term objectives. Such an approach requires focusing on the following objectives during the next programming cycle: (a) enhancing the quality of family planning services while maintaining high contraceptive prevalence rates; (b) addressing urbanization problems, especially in the central region; (c) improving the skills of national staff; (d) further integrating women into mainstream development activities by improving education and health services directed at them; and (e) strengthening the Government's efforts to combat the AIDS pandemic through IEC activities.

26. The main themes of the sixth country programme are as follows: (a) improving the quality of family planning services by increasing the choice of methods, developing comprehensive IEC strategies and supporting the trend towards decentralized management, information and training systems; (b) developing innovative

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strategies in addressing population and environment issues, expanding outreach to special geographic areas and groups, and in refining the relationship between population dynamics and population policies; (c) strengthening the operational aspects of TCDC activities; (d) working closely with NGOs and encouraging community involvement in improving the status of women; (e) building self-reliance by encouraging social marketing and family planning programme cost-recovery schemes; and (g) focusing on special areas such as AIDS and reproductive health, and ageing.

27. The following are detailed proposals for UNFPA support for activities in the different areas summarized above.

Maternal and child health and family planning

28. Four strategies account for the success of the National Family Planning Programme: (a) the emphasis on the use of mass communications which helped make the concept of family planning acceptable to the majority of the population; (b) an efficient training programme for staff at all levels including the training of paramedical personnel in the clinical techniques to provide such family planning services as intra-uterine devices (IUDs) and injectables; (c) continuous adoption of ways to increase the outreach and coverage of family planning services in both rural and urban areas; and (d) the selective expansion in recent years of its services into areas of greatest need as defined by low contraceptive prevalence and high fertility. The challenge ahead is to build on the innovative approaches of the past to improve the quality of family planning services, to reorient contraceptive priorities to meet needs of special groups, and to broaden the scope of the target population to include males and adolescents. UNFPA assistance would support the following strategies: (a) enhancing decentralization to improve management, information and training systems; (b) stimulating the role of the private sector; (c) increasing support for NGOs; and (d) developing a comprehensive IEC strategy that addresses emerging issues and the needs of specific target population groups.

29. UNFPA would support the Ministry of Public Health in strengthening the management information system (MIS) for MCH/FP by assisting it in: (a) reviewing the current mechanisms used by health centres to collect information in order to integrate and simplify data collection and utilization; (b) enhancing data collection and analysis in selected districts, especially in the northeast and the south, through, among other things, establishing prototype or model activities aimed at developing a more efficient MIS; and (c) training health centre staff (working in specially designated pilot districts) in data collection and its use, including training in the utilization of relevant software.

30. In order to achieve the Government's objective of broadening the scope of target populations for family planning services, UNFPA would assist the Ministry of Public Health in implementing integrated IEC activities. UNFPA would help strengthen IEC activities in out-patient departments in selected hospitals in order to reach underserved populations with pertinent information on available family planning services. UNFPA support would also be used to facilitate collaboration with other groups working with adolescents and minority ethnic and religious groups.

31. At present, the private sector assumes a secondary role in MCH and family planning. UNFPA would assist the Government, at its request, in enhancing the collaboration of the private sector by motivating professional associations and employers (private pharmacists, medical associations and private companies) to play a bigger role in the provision of family planning services such as facilitating easy access to contraceptives and providing accurate information on modern contraceptive methods. UNFPA would help the Government to map

out areas of collaboration with NGOs in order to benefit fully from their extensive experience in the use of community-based approaches to provide family planning services.

32. In order to further strengthen research capabilities in the health sector, UNFPA would assist the Government in creating institutional linkages between subdistrict health centres, district hospitals and provincial hospitals to train staff in health systems research and operations research. The training will lead to the development of research projects that are service oriented and undertaken by the field staff in collaboration with and under the supervision of regional and national training institutions. The ultimate goal is to make health systems and operations research integral activities of the health service network in order to enable the network to adapt to the changing health needs of the Thai population.

33. Based on lessons learned in the past, UNFPA would support the efforts of the Ministry of Public Health to strengthen family planning activities focused on specific target groups. These groups would include adolescents, slum populations in selected areas, working women in factories and minority ethnic and religious groups. Special attention would be given to supply condoms in order to help government efforts to combat the AIDS pandemic. To avoid overlap, activities would be coordinated with those of other agencies.

34. An amount of $2,480,000 is proposed for the MCH/FP area, of which $600,000 would be used for TCDC activities (see paras. 46-49).

Information, education and communication

35. In the past, the national IEC strategy primarily addressed family planning motivation focusing on the value of birth spacing and the adoption of a two-child family norm. The training curricula for key MCH/FP service providers emphasized skills in motivating acceptors and providing clinical services. Given the relative success of the National Family Planning Programme in achieving its goals, national IEC efforts should be re-oriented to address issues beyond family planning. In addition to assisting the Government to develop an IEC strategy focusing on appropriate family planning counselling services for adolescents and males, slum dwellers, female factory workers and minority ethnic and religious groups, UNFPA would also provide support to pertinent government ministries and NGOs to develop a comprehensive IEC strategy, both at central and regional levels, aimed at: (a) addressing emerging issues of AIDS; (b) improving the status of women; and (c) creating awareness of major national environmental concerns. An amount of $1,560,000 is proposed for the IEC sector, of which $500,000 would be sought from other sources, including multi-bilateral sources. An amount of $200,000 would be used for TCDC activities.

36. AIDS. In 1989, the Government approved a National Programme on the Prevention and Control of AIDS and correspondingly developed a medium-term programme for 1989-1992. As IEC activities provide a useful linkage between family planning and prevention of sexually transmitted diseases, UNFPA would continue to support the Ministry of Public Health and selected NGOs in the efforts to integrate information on AIDS prevention into the counselling services for adolescents and married couples. UNFPA assistance would also be used to develop appropriate IEC materials and activities on AIDS prevention to support research on the demographic implications of AIDS. Since this is an intersectoral area, related activities would be funded from both MCH/FP and IEC resources.

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Data collection and analysis

37. Lack of accurate, up-to-date information on demographic trends remains the greatest shortcoming facing population planning in Thailand. Although the country is well supplied with data relevant to policy formulation (censuses, surveys on the labour force, migration, housing, etc.), surveys are underanalysed and therefore underutilized. Moreover, there are lags in processing and analysing data, and discrepancies remain in the country's vital registration system. The major objectives in this area, therefore, are: (a) to provide effective and close monitoring of demographic change through efforts to improve the vital registration system; (b) to facilitate greater use of underanalysed data for population policy and planning purposes through rapid and effective analysis of surveys; and (c) to respond to the need for a more systematic consideration of Thailand's longer-term population policy. In order to help the Government achieve these objectives, UNFPA would assist the National Statistical Office in its efforts to improve the vital registration system so that it can provide continuous monitoring and would support activities pertinent to rapid and effective analysis of surveys. An amount of $700,000 is proposed to support activities in this sector, $500,000 of which has been provided by the Government of Australia through multi-bilateral arrangements.

Population dynamics

38. As requested by the Government and endorsed by the PRSD mission, UNFPA would support research into the demographic aspects of urbanization in Thailand. This would include providing the services of international consultants to help develop strategies for studying the fast-changing patterns of urban growth, the components of this growth, and the factors responsible for it. An important element of the research programme would be the demographic dynamics of the Bangkok metropolitan region. An amount of $670,000 would be allocated for this sector, of which $250,000 would be used to support TCDC activities.

Population policy formulation

39. In response to the urgent need for a more systematic consideration of a longer-term population policy, UNFPA would provide support to the National Economic and Social Development Board to assess the population and development goals for the year 2000 and beyond, and would provide technical assistance for workshops and modelling exercises designed to identify optimum population growth trends and ultimate population size for Thailand.

40. Despite rapid social and generational changes, there is a dearth of socio-cultural research to provide an underpinning for developing policies and programmes to address problems in such areas as adolescent sexuality, female-headed households and attitudes towards fertility among minority groups. UNFPA would support the Government in establishing priorities in socio-cultural research relevant to population policies and programmes and in determining priority research areas on the changing Thai family. It would also support the establishment of a family studies research programme within one of the universities in the country.

41. With the aim of raising the analytical and training capabilities of Thai research and training institutions in the field of population, UNFPA would support a review and assessment of existing capabilities by providing the technical services of a team of demographers to assist Thai specialists in this endeavour. The review and assessment would be followed by a workshop at which the resulting report would be analysed and plans of action developed.

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42. An amount of $790,000 is proposed to support activities in this sector, of which $150,000 would be used for TCDC activities.

Women, population and development

43. The objective of UNFPA assistance in this sector is to sensitize policy makers and development planners about the important role women play in development in order to integrate women into mainstream population and development activities. This is particularly crucial at this time as policy planners seem largely unaware of the importance of such integration to successful development and thus are unable to translate development policy into effective programmes. This is compounded by the widespread existence of attitudes on gender roles that serve as a barrier to effective mainstreaming of women in development. There is also an urgent need to defuse emotional reactions to gender issues.

44. UNFPA's support would therefore focus on: (a) activities to review needs and gaps in women's development programmes and to design and conduct training courses for planners and help set up programme monitoring and evaluation systems; and (b) institutional support, including staff training, to strengthen the Secretariat of the National Commission on Women's Affairs and women's units in various government departments, as well as support to NGOs to play a role in advocacy and in mobilizing women at the grass-roots level. UNFPA assistance would also be used to improve the quality and scope of gender-based information, providing support for this purpose to, among others, the National Statistical Office and research institutes to conduct policy-oriented research on vulnerable groups of women. The Fund would also help develop pilot activities at the community level integrating such components as training, income-generation, educational and motivational programmes for family planning and family welfare, and IEC for gender sensitization. An amount of $350,000 is proposed for these activities.

Special programmes

45. Population and the environment. Environmental deterioration is particularly dramatic in the Bangkok metropolitan area, affecting mainly poor, urban-slum dwellers. This is due in large part to the extremely rapid rate of population growth in Bangkok, which is estimated to be growing 80 times faster than the national average. In the rural areas, natural resources are in jeopardy due to unsustainable agricultural practices such as shifting cultivation in some highland areas and commercial logging. In addition, dry, infertile lands in the northeast are partly responsible for driving people to migrate to large urban centres. The relationship between population and the environment -- in particular, the extent to which environmental deterioration is being caused by population growth or by industrialization -- has not been systematically addressed by the Government. UNFPA assistance, initiated during this cycle, would be used to study this complex relationship in order to help the Government generate data for policy formulation and to develop guidelines for preventative measures. Pilot programmes would be initiated with the Thai Government and NGOs in this area. A total amount of $250,000 is proposed for this sector.

Thailand's role in technical cooperation

46. Thailand's rapid economic development and successful fertility limitation make it particularly suitable for TCDC activities. UNFPA therefore proposes to support the technical cooperation initiatives taken by the Department of Technical and Economic Cooperation and other government agencies active in the population field by providing technical assistance for strengthening institutions which are considered to be appropriate centres for providing technical exchange and assistance to other countries in the region. UNFPA would support the training

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of staff and strengthening of curricula so that such institutions can provide practical training for medical and paramedical personnel from other countries either as direct service providers or as trainers. UNFPA would also provide assistance to refine and adapt teaching modules and supplementary materials to meet the specific needs of the trainees.

47. As IEC materials in support of family planning are abundant, UNFPA would support the translation/adaptation of such materials for use in TCDC activities. UNFPA would also support the establishment of a simplified management information system (MIS) to facilitate evaluation of the progress of the technical cooperation programme as well as to provide necessary information for future planning.

48. UNFPA would draw upon the extensive experience of NGOs in Thailand, using them to supplement government institutions in providing training and devising alternative strategies to meet the specific needs of participating countries. Special training programmes and study tours would be developed both in Thailand and in other countries participating in TCDC activities to enable such countries to share the Thai experience in the field of population policies and programmes.

49. TCDC activities would thus be an integral component of various sectors of the programme. An amount of $1.2 million is proposed to be divided as follows: MCH/FP, $600,000; IEC, $200,000; population dynamics, $250,000; and population policy formulation, $150,000.

Programme reserve

50. A reserve of $200,000 would be set aside to meet unforeseen needs that may arise during the programme period.

Programme coordination

51. The Department of Technical and Economic Cooperation of the Ministry of Foreign Relations is responsible for coordinating all external assistance in Thailand. The proposed sixth country programme coincides with Thailand's 1992-1996 national development plan and UNDP's fifth programme cycle for the country. As with the current programme, UNFPA would consult and coordinate the development and implementation of programme and project activities with other donor agencies. Regular consultation meetings and contacts would be maintained with UNFPA's partners in the Joint Consultative Group on Policy and other United Nations agencies such as the International Labour Organisation, the Food and Agriculture Organization of the United Nations and the United Nations Educational, Scientific and Cultural Organization and with NGOs.

Programme monitoring, evaluation and management

52. All the activities in the programme would be monitored and evaluated in accordance with standard UNFPA guidelines and would have built-in monitoring and evaluation mechanisms. A mid-programme review would be carried out in 1994 and independent evaluations would be part of all larger and innovative projects. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

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Financial summary

53. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7 million over the five-year period 1992-1996, of which $6 million would be programmed from UNFPA's regular resources. The amount of $500,000 has been provided by the Government of Australia through a multi-bilateral arrangement for the biennium 1992-1993. UNFPA would seek to provide the balance of $500,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table depicts how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,480,000	-	2,480,000
Information, education and communication	1,060,000	500,000	1,560,000
Data collection and analysis	200,000	500,000	700,000
Population dynamics	670,000	-	670,000
Population policy formulation	790,000	-	790,000
Women, population and development	350,000	-	350,000
Special programmes	250,000	-	250,000
Programme reserve	200,000	-	200,000
TOTAL	6,000,000	1,000,000	7,000,000

V. RECOMMENDATION

54. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Thailand in the amount of $7 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $6 million from UNFPA's regular resources, over the period 1992-1996;

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(c) Further authorize the Executive Director to seek to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Thailand and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND

PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Senegal
Support for a comprehensive population programme

Proposed UNFPA assistance:	$12 million, of which $9 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Senegal United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economy, Finance and Planning

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SENEGAL

Demographic facts

Population Total (000)	
Total	7,327
Males	3,664
Females	3,662
Sex ratio (/100 females)	100.1
Urban	2,815
Rural	4,512
Per cent urban	38.4
Population in year 2000 (000)	9,716
Functional age groups (%)	
Young child: 0-4	18.0
Child: 5-14	27.4
Youth: 15-24	19.0
Elderly: 60+	4.7
65+	2.9
Women: 15-49	22.4
Median age (years)	17.2
Dependency ratios: total	93.6
(/100) Aged 0-14	88.0
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	1.05

Population density (/sq. km.)	37
Average annual change (000)	
Population increase	219
Births	346
Deaths	127
Net migration	0
Annual population total (% growth)	2.79
Urban	4.16
Rural	1.89
Crude birth rate (/1000)	43.9
Crude death rate (/1000)	16.1
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.17
Gross reproduction rate (/woman)	3.04
Net reproduction rate (/woman)	2.18
Infant mortality rate (/1000)	80
Life expectancy at birth (years)	
Males	48.3
Females	50.3
Both sexes	49.3
GNP per capita (U.S. dollars, 1989)	650

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $12 million, of which $9 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Senegal in achieving its population and development objectives. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This will be the third cycle of UNFPA assistance to Senegal. The second UNFPA programme, approved for four years by the Governing Council in June 1987, in the amount of $4 million, of which $2.8 million was from UNFPA regular resources, was extended to December 1991 in order to synchronize UNFPA's assistance programme with those of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

2. The proposed programme for the period 1992-1996 is based on: (a) the findings and recommendations of the UNFPA Programme Review and Strategy Development (PRSD) mission carried out in March 1991; (b) the lessons learned during the implementation of the two previous programmes; (c) the Government's VIIIth Orientation Plan; (d) the National Population Policy Declaration (NPPD) adopted in April 1988; (e) the country's Action Programme and Priority Investment in the Field of Population; and (f) additional consultations with national authorities on programme priorities and the role of UNFPA.

3. The long-term objective of the proposed programme is to strengthen the country's capacity to bring its population growth in balance with the country's natural and economic resources in order to improve the quality of life of each citizen. The immediate objectives are to assist the Government in: (a) decelerating the demographic growth rate by increasing the modern contraceptive prevalence rate from an estimated 4 per cent in 1990 to 15.4 per cent by 1996, reducing the total fertility rate from 6.6 to 5.9 by 1996, and increasing the age at which mothers give birth to their first child; (b) improving the health of mothers and children by reducing the maternal mortality rate; (c) bringing about behavioural change towards family planning through the elaboration, adoption and implementation of a comprehensive population information, education and communication (IEC) strategy; (d) strengthening the national capability to monitor, coordinate and evaluate the National Population Policy Declaration through the implementation and coordination of the first Action Programme; and (e) improving all aspects of the status and conditions of life of women, including the promotion of Safe Motherhood, by supporting the formulation of a women-in-development strategy that takes into consideration the population component.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. Senegal's population totalled 6,928,405 inhabitants according to the 1988 census, and is estimated to be growing at 2.7 per cent per year. (See the demographic data sheet on p. 2 for United Nations projections.) At this rate, Senegal's population will more than double by the year 2015, reaching nearly 16 million. The crude birth rate was 47 per 1,000 according to the 1986 Demographic and Health Survey (DHS), as compared to 46 per 1,000 according to the 1978 Fertility Survey. The crude death rate has declined from 19 per 1,000 in 1978 to 17 per 1,000 in 1986. Infant mortality is still high, at 91 per 1,000 in 1988. Life expectancy at birth is rising slowly, from 45 years in 1976 to 48 years in 1986. A total of 58 per

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cent of the population is under 20 years old. Internal migration is increasing: 32 per cent of the population is living in a region other than that at birth, compared to only 16 per cent in 1976. Average population density is estimated at 35 inhabitants per square kilometre in 1988, compared to 25 inhabitants per square kilometre in 1976. In 1988, 38 per cent of the population lived in an urban setting, up from 34 per cent in 1976 and 23 per cent in 1960.

6. According to the two surveys mentioned above, in 1986 the desired family size was 6.8, compared to 8.8 in 1978. Among currently married women who are not presently using contraception, 37.5 per cent either want no more children or want to space their next child. Women with no schooling wanted 7.4 children, while those with primary level education wanted 5.6 and those with secondary level education wanted 4.5 children. Comparative data from the 1978 Fertility Survey and the 1986 Demographic and Health Survey reveal a decline in total fertility, from 7.1 to 6.6. Girls marry at a young age in Senegal, at an average of 16.6 years in 1986 compared to 15.6 years in 1978. Women with no education tend to have their first child at 18 while for educated women it is after 22; the average age for rural women is 18.6 years compared to 21.4 years for urban women. Contraceptive prevalence is still low: in 1986, it was 11 per cent for all methods and 2.4 per cent for modern methods. This illustrates that the gap between knowledge and practice of contraception is still wide, since 91.5 per cent of married women know of at least one method.

7. The 1985 population projections using three varying assumptions about fertility trends clearly revealed that Senegal would experience massive population growth over the next 30 years. If fertility does not fall, the projected mortality decline will add to the already expanding youthful population and increase the dependency ratio from its current level of 95 to 103 by 2015. The impact of this would be felt in all aspects of economic and social development. The dependency ratio, employment, agricultural production, environment, educational quality and facilities, and health care quality and coverage will all be affected if the current rate of decline in fertility is not accelerated and sustained. Rapid population growth will certainly create considerable pressure on the resources of Senegal and will hinder rather than help the process of economic development and improvement in human welfare.

8. Maternal mortality is estimated to be exceptionally high at 750 per 100,000 live births. The high fertility rate is recognized as a major factor affecting maternal and child health. Childbearing starts at an early age: over 35 per cent of married women have their first child at 17 years or below, and the interval between pregnancies is less than 2 years in 48 per cent of cases. Sixty-two per cent of women deliver at home, with only 3 per cent of these being assisted. Thirty-nine per cent of the total population (100 per cent in urban zones) are within one hour's travel of a health care facility. National programmes to combat maternal mortality and to extend family planning have been prepared to address the problems of maternal and child health. A Declaration of National Health Policy defining principal strategic orientations of the sector was issued in June 1989. The Government is conscious of the potential threat of the spread of HIV infection and is taking active preventative measures through the implementation of a medium-term action plan on AIDS.

9. The literacy rate is 37 per cent among adult males and 19 per cent among females. The increase in the literacy rate has been higher for males than for females during the period 1976-1988, mainly because parents, especially in rural areas, are often reluctant to send their daughters to school. In 1987, approximately half of all children were enrolled in primary schools but only 15 per cent attended secondary school. A study undertaken by the National Population Commission (CONAPOP) recognized the value of the family code in protecting women's rights in Senegal. The Government's 1982 Action Plan for Women recognized the need to consider women's concerns in economic development. A retrospective and prospective study on Women in Senegal is being produced to shed light on the effectiveness of programmes targeting women and to devise strategies to the year 2015.

10. Until fairly recently, rapid population growth had not been viewed as a problem because for the decade after Independence economic growth was able to keep pace with population growth. During the 1970s,

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however, economic growth fell behind population growth. Seventy per cent of the Senegalese workforce is engaged in agriculture, but this accounts for only 22 per cent of the gross national product (GNP). Per capita GNP is approximately $650 per year, a 13 per cent decline over the 1977 figure. This is due to the rapid growth in population without equivalent growth in productivity. In 1988 the unemployment rate stood at 18 per cent of the active population as compared to 15 per cent in 1976, and this situation is expected to worsen. This was exacerbated by the 1989 border dispute with Mauritania, which led to the return of a large number of Senegalese workers.

11. Concerned with the demographic impact on the country's future social and economic performance, in April 1988 the Government adopted a comprehensive National Population Policy. The Policy Declaration identifies young men and women as key participants in the effort to change fertility behaviour. The Government is reviewing the legal and regulatory measures that could have an impact on couples' desired number of children and their access to maternal and child health and family planning (MCH/FP) information and services. It established CONAPOP to serve as an advisory body on all population matters to the Inter-Ministerial Council. The Secretariat of CONAPOP is the Division of Human Resources in the Ministry of Economy, Finance and Planning. There are also plans to establish a High Council for Population and Human Resources Development to be presided over by the Head of State. In March 1991, the Government officially adopted a National Family Planning Programme (NFPP) and prepared a National Programme to Combat Maternal Mortality (NPMM) as integral parts of its Action Programme. The Government organized a donors' meeting on population and health in November 1991 to mobilize resources for the implementation of the Action Programme. A technical committee for monitoring the population policy and a consultative committee on population information, education and communication are among more recent measures taken to ensure smooth implementation of the Action Programme.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA's first country programme was approved by the Governing Council in June 1979. The second country programme was approved in June 1987 in the amount of $4 million, of which $2.8 million was to be committed from UNFPA regular resources. Owing to initial delays during 1987 and 1988, the country programme was extended to 1991. Expenditures from 1987 to 1991 were estimated to amount to approximately $4.4 million. The PRSD mission noted that during the period 1987-1990 the Government began the implementation of the National Population Policy Declaration but also noted several problems. The main constraint was a lack of political continuity: there were three changes of Government during the programme period. The insecurity generated by this situation affected the national staff adversely. The overwhelming concentration of human and material resources in Dakar was another major constraint. The mission found an absence of information at the regional level, as well as the lack of region-specific measures.

Maternal and child health and family planning

13. The PRSD mission found that although there have been efforts to integrate MCH and family planning services, this has not been effective. At present, more than half of the population in Senegal does not have access to adequate MCH/FP services. MCH/FP activities are undertaken within specific projects funded by the donors, without adequate coordination and synergy in approach, resulting in a great disparity in service delivery. The information system constitutes a weak link in the health system, since data collection and analysis are not uniform throughout the country. Research applied to improve the performance of the MCH/FP programme is lacking. However, the mission noted positive measures taken by the Government since 1990 to improve the health of mothers and children. The institutional framework that caused tension between the Ministry of Health and the Ministry of Social Development has been improved by incorporating

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the two into the Ministry of Health and Social Affairs. In 1991, an official agreement was reached among the Ministries of Interior, of National Education, of Health and Social Affairs, of Youth and Sports, and of Woman, Child and the Family to define the role of each in family planning activities. The Government has issued a new decree defining MCH services that would include family planning as part of the basic MCH package and authorized health post nurses to distribute all types of contraceptives, except intra-uterine devices (IUDs).

14. Despite problems and constraints, current UNFPA assistance to improve family welfare in Senegal has contributed tremendously to improving the understanding of the programme approach. There is ongoing training in family planning for doctors, midwives and traditional birth attendants (TBAs). Opinion leaders have been informed of the family planning activities in their region. A standard list of contraceptives has been established. A knowledge, attitude and practice of family planning (KAP) survey has been undertaken in Dioubel, Goudini and Tambacounda, although the results have not yet been analysed to feed into the IEC training programme. Nationals have been trained to estimate national needs in contraceptives based on projected contraceptive prevalence for the next five years. The MCH/FP centres have acquired charts that help staff identify high-risk pregnancies, monitor the health of mothers and children, and monitor levels of stocks. The major contribution of UNFPA assistance has been to involve national staff in project design and implementation, thereby contributing to national capacity-building and sustainability. UNFPA's contribution to this sector during the period 1987-1991 amounted to over $1.7 million.

Information, education and communication

15. Activities in the past five years in the area of population IEC have generally lacked focus and cohesion. Various government units, NGOs, and funding agencies have carried out IEC activities in an uncoordinated manner. The major actors have been the United States Agency for International Development (USAID), which operated predominantly through the mass media, and UNFPA, which targeted local leaders to obtain community support. UNFPA planned to continue assistance to the institution responsible for coordinating IEC activities in support of the population programme. However, due to the frequent and fundamental changes that took place in the institutional framework during 1989 and 1990 and to insufficient technical backstopping by the executing agency, activities were considerably delayed. Meanwhile, UNFPA assisted in organizing a workshop for the dissemination of the findings of research on adolescent fertility. A study on attitudes towards family planning revealed that men, especially in the rural areas, are relatively uninformed about family planning, that the community lacks information on family planning and that religion plays an important role in understanding and adopting the concept of child spacing.

16. The PRSD mission found that the introduction of family life education for women in one test region, Louga, was successful. Family life education materials aimed at women's cooperatives were designed and tested and are now being introduced on a wider scale following the training of trainers. The first steps to introduce family life education in schools were taken in 1990, with the training of a national team of trainers in family life education concepts, and a review of the existing family life education material is under way. UNFPA assistance to the IEC sector during the period 1987-1991 amounted to $330,000.

Data collection and analysis

17. UNFPA assistance aimed to help the Government conduct a second population census, strengthen the civil registration system and establish a data bank for the analysis of socio-demographic data. The second population census was held from 21 May to 3 June 1988, with support from UNFPA, UNDP, USAID and the Canadian Government. Provisional results based on a sample of 10 per cent were published in December

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1989. Processing and analysis of the data is ongoing. Based on the results of the two national censuses (1976 and 1988), the Fertility Survey and the 1986 Demographic and Health Survey, a synthesis of the demographic, economic and social situation of Senegal was published in March 1991. The PRSD mission noted that there are cases of duplication and lack of information exchange in the collection of data because of the absence of a computerized data bank. The mission also noted a lack of data on migration and general mortality but pointed out that plans to improve this situation are under way.

18. The coverage of the civil registration system reaches nearly 100 per cent of the population in the main cities of Dakar and St. Louis but is still low in other localities. Vital statistics from the civil registration system are not satisfactory because of the inadequate attention given by the Directorate of Statistics to the processing of the data and to the deficient state of the registers. The PRSD mission noted that there is no national programme of data collection, which has resulted in piecemeal and uncoordinated data collection operations. UNFPA assistance to this sector amounted to nearly $600,000.

Population policy formulation

19. UNFPA's support in the sector of population policy formulation has been aimed at assisting the Government to prepare a national population policy and enable the National Population Commission to fulfill its coordinating role. The Government adopted its National Population Policy Declaration (NPPD) in April 1988. Although the NPPD illustrates the possible evolution of Senegal's population using two scenarios, it was not specific on which scenario to adopt. The PRSD mission found that the objectives of the NPPD were too general and were not quantified. The mission noted that the strategies identified in the NPPD are mostly of a demographic nature and do not include strategies relating to concerns such as environment, food security, regional planning and rural development. The gaps in knowledge identified in the preparation of the NPPD are to be filled in with the in-depth analysis of the 1988 census and the 1986 Demographic and Health Survey. The mission also found that although the Action Programme comprises 17 projects, it does not clearly spell out programme objectives or strategies.

20. UNFPA support suffered many set-backs at the onset because of the difficulty in identifying and fielding experts in population policy and in population and spatial distribution. However, since the arrival of the population and spatial distribution expert in July 1990, a national seminar on human settlements was organized in January 1991. Regional councils on population and spatial distribution have met in five regions, and training in data processing has started in preparation for the interregional and intraregional surveys to be undertaken in 1991. The CONAPOP met to review the legislative and legal measures to be taken to implement the NPPD. Information seminars were organized for planners at the central, sectoral and regional levels. In view of the Government's personnel cuts, UNFPA has assisted in the recruitment of two demographers, a sociologist, an economist, a planner and a documentalist at the Division of Human Resources. UNFPA assistance to this sector amounted to over $1.2 million.

Women, population and development

21. UNFPA's support to the sector of women, population and development has been aimed at introducing population IEC and family life education concepts to women in the workplace, thus encouraging their participation in MCH/FP programmes. For example, UNFPA provided support to a group of seasonal laundry women working in Dakar so that on their return to their villages of origin, they could tell others about the basic concepts of family life education. UNFPA also provided assistance to women's groups in 33 villages in Louga. Two seminars on family life education and on participatory communications skills have been organized to train coordinators and rural animators. UNFPA assistance has been used to train 100 traditional leaders

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(70 women and 30 men) to become animators and to develop didactic materials for them. Such efforts have helped these leaders to reach an estimated 4,500 persons at the village level. The main constraints included the lack of appropriate communication channels; the inadequacy of MCH/FP services to respond to the demand generated; the lack of involvement of health personnel; the weak system of selection of animators; the lack of an effective evaluation system; and the modest investment made. UNFPA assistance to this sector amounted to nearly $275,000.

Other external assistance

22. Among donors from the United Nations system, UNDP provided $540,000 for the 1988 population census. It also supported the Planning Directorate in developing models and carrying out studies related to the population policy. UNICEF aided the Government with an amount of over $7 million from 1987 to 1991 to increase the rate of immunization of children from 20 per cent in 1986 to 61 per cent in 1991. A credit agreement with the International Development Association of the World Bank was signed in February 1991 in the amount of $35 million over three years for a project to develop human resources. Of this amount, $10.9 million has been earmarked for population activities.

23. USAID contributed $20 million during 1985-1991 to population and health activities. Support was given to family planning activities in the six regions not covered by UNFPA. USAID has earmarked $29.5 million for support to population activities for the period 1992-1997. In addition, it has just approved $15 million to provide technical and financial assistance to NGOs in the population and health field in Senegal, in collaboration with the Ministry for Woman, Child and the Family. USAID, together with The Ford Foundation, is supporting activities undertaken by The Population Council. Many bilateral donors, such as Belgium, France, Japan and Italy, are present in the health sector, providing assistance for medical equipment and renovation of health centres as well as technical assistance. The Government of Canada contributed to the 1988 population census and is providing assistance for the computerization of the civil registration system in Dakar. Preparations for the national migration survey are being funded by the Government of Canada through the International Development Research Centre.

24. The Association Sénégalaise pour le Bien-être familial (ASBEF) is active in the promotion of child-spacing activities. In the Louga region, where UNFPA is conducting family life education activities, women have access to ASBEF clinics for family planning and sterility counselling and services. The International Planned Parenthood Federation (IPPF) grants $300,000 to ASBEF each year.

IV. PROPOSED PROGRAMME 1992-1996

25. The long-term and immediate objectives of the proposed programme are spelled out in paragraph 3 above. The strategies proposed by the PRSD mission to achieve these objectives are the following: (a) updating and quantification of the objectives of the National Population Policy to enable effective monitoring and evaluation and to involve the private sector and NGOs in the implementation of the policy; (b) consolidation of the institutional infrastructure for the coordination of all activities in the area of population; (c) support to the regionalization process; (d) rationalization of training and research; (e) further integration and improvement of MCH/FP services; (f) promotion of understanding of the concept of women, population and development; (g) rationalization of the collection, dissemination and utilization of population information; and (h) continuation of efforts to increase awareness of population issues in order to bring about new attitudes and behaviour.

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Maternal and child health and family planning

26. In view of the present high maternal and infant mortality and morbidity rates, the high fertility rates, the low contraceptive prevalence rate as well as the unsatisfactory performance of the existing MCH/FP service delivery points, priority would be given to this sector under the proposed programme. UNFPA would collaborate with USAID and the World Bank in helping the Government to reach and, if possible, to surpass the targets of the National Family Planning Programme: (a) a contraceptive prevalence rate of 15.4 per cent by 1996 and 22 per cent by 2000 in order to achieve a total fertility rate of 5.9 by 1996 and 5.7 by 2000; and (b) 219,000 users of modern contraceptives by 1996 and 320,000 users by 2000. To attain these, the Government intends to: (a) increase the number of public family planning service delivery points by providing family planning services at the health-post level; (b) increase the number of family planning clinics in factories and parastatal organizations from 42 to 74; (c) gradually expand the pilot community-based distribution of contraceptives; (d) involve NGOs in the sale of condoms at 5,000 distribution points; and (e) develop a strategy for IEC support to family planning services. USAID's support to this sector will be geared to strengthening the MCH/FP statistics and information system, improving the logistics system, establishing a model family planning clinic at central level, strengthening regional and district health services, supporting the private and parastatal sectors and mass-media IEC activities, as well as supporting the conduct of a KAP survey on male motivation, and providing requirements in oral contraceptives, IUDs, condoms, spermicides, and implants. The World Bank will support training in family planning for staff of health posts, strengthen MCH nutrition services, support the extension of family planning services to the private and parastatal sector and improve the counselling techniques of health staff.

27. UNFPA's contribution to this strategy would be to help in: (a) improving the quality of services in the public sector by strengthening management capabilities, increasing the intake capacities of a selected number of clinics and strengthening the capability to provide permanent methods of contraception; (b) providing institutional support to local NGOs working at the community level to increase community-based distribution of contraceptives; and (c) narrowing the gap between family planning knowledge and reproductive behaviour by preparing an IEC strategy in support of family planning activities.

28. UNFPA would provide support for the implementation, monitoring and evaluation of the National Family Planning Programme. This will provide an opportunity to review the objectives and targets and to revise them if necessary. Proposed activities would include harmonizing family planning training modules and teaching support materials and helping to ensure that national family planning objectives are reflected in regional and district health plans. Regularly updated and consolidated plans would be elaborated for projecting contraceptive needs. UNFPA would seek to ensure that contraceptives remain in the essential drugs programme. The functioning costs of the model family planning clinic at the central level would be shared by UNFPA, USAID and the World Bank. One model clinic per region would be upgraded and/or renovated and adequately equipped to ensure that the widest choice of contraceptives is offered. UNFPA would continue to provide injectables, oral contraceptives and some IUDs. A feasibility study would be undertaken to explore the possibility of the local packaging of contraceptives.

29. Taking into account the results of a pilot community-based distribution programme, UNFPA would help expand this programme in order to reach the community at large. The Fund would work closely with UNICEF to train 750 TBAs and 75 supervisors, as well as to provide TBA health kits. National NGOs that are active at the community level would be encouraged in their promotional and information activities. Together with USAID, UNFPA would support the social marketing of condoms.

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30. There is a need to bring about an attitudinal and behavioural change towards family planning, but the Health Education Unit in the Ministry of Health and Social Affairs is weak in support of family planning activities. UNFPA would therefore assist in developing an IEC strategy in support of family planning, terms of reference for health education staff, and educational support materials, and would help in training health education staff in population and family planning so that family planning education becomes an integral part of health education.

31. Within the framework of the Joint Consultative Group on Policy (JCGP), efforts would be geared to reducing maternal mortality rates and promoting Safe Motherhood. This would involve training TBAs in identifying women most at risk during pregnancy. A referral system for at-risk pregnancies and family planning would be set up within the formal and informal health sectors. UNFPA support to the MCH/FP sector would amount to $3.2 million, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

32. The major objective of the proposed programme in the area of IEC is to assist the Government in creating and sustaining a general awareness and understanding of the interrelationships between population, development and family well-being. The major strategies are: (a) to formulate a comprehensive IEC programme in support of population activities; (b) to strengthen the Government's capacity to implement, monitor and evaluate the IEC strategy; and (c) to continue awareness-creation activities at the community level with a special focus on youth and males.

33. UNFPA would support the Population IEC Unit based in the Ministry of Economy, Finance and Planning to ensure coordination between all IEC activities. This Unit would be given the additional mandate to conceptualize, test, and evaluate IEC actions proposed by different government agencies and NGOs, ensure the exchange of information and act as an advisory body. The Unit would be the leading institution in developing a socio-culturally sensitive population IEC strategy. The Unit would also be in charge of translating the National Population Policy Declaration into local languages and disseminating it throughout the country.

34. UNFPA would continue its support for awareness-creation activities geared to religious and political leaders, as well as to the general public, especially youth and men. UNFPA, in collaboration with the World Bank, would provide special support for the education of adolescents in and out of the formal school system on responsible parenthood and family life concepts. UNFPA would support the training of trainers, and the preparation of training modules and reading materials tailored to the target groups and other information materials on family life education and responsible parenthood as well as help in establishing counselling centres.

35. The family life education in-school programme is working both at the primary and secondary school levels. The development of a revised curriculum and teaching materials and teacher training are the cornerstones of the new programme, which also includes a component for creating awareness among parents on the programme and its contents. It is expected that by the end of the programme, a new family life education curriculum would be tested at the primary level in three regions and introduced in all secondary schools.

36. UNFPA would promote the incorporation of a combined package dealing with family life education, population, environment and gender awareness in existing rural development projects and income-generating

schemes. Training curricula, modules and other teaching materials appropriate for the sector concerned would be designed and courses to train trainers set up. The national training institutions would be strengthened in order to train professionals at the highest level. UNFPA support for IEC activities would be $4 million, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

37. The objective in the area of data collection and analysis is to strengthen the Government's capacity to implement, monitor and coordinate population data collection activities. To achieve this, the PRSD mission recommended: (a) developing a population data collection strategy and programme, in a joint effort with the Division of Human Resources and the Directorate of Statistics; (b) strengthening the Directorate of Statistics by providing training in data analysis; and (c) promoting the decentralization of data collection operations. Continued assistance to the Directorate of Statistics is envisaged for the further analysis, publication and dissemination of the 1988 population census results as well as for the preparations for the 1998 census that are to start in 1996. UNFPA would support the improvement of statistics on women's economic activities by providing technical assistance, printing costs, in-country training and dissemination seminars at the regional level. In addition to these data collection operations, studies would be carried out to obtain long-term feedback on the impact of population programmes at the community level. If multi-bilateral funding permits, assistance would be provided to the migration and urbanization survey. Financial support for these activities would reflect the government policy of decentralization by providing equipment and training staff at the regional level.

38. UNFPA would provide support for strengthening the vital statistics system, with emphasis on improving registration efforts in rural areas through increased awareness-creation campaigns. UNFPA would ensure that these activities are self-financing and that linkages with the Directorate of Statistics are strengthened. The total amount proposed for this sector is $900,000, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

39. Despite the fact that Senegal has made progress by adopting a national population policy in 1988, it is still necessary to review, refine and quantify the objectives of this policy. UNFPA therefore foresees continued assistance to the Division of Human Resources for the elaboration of quantified objectives to be included in the 1995 revision of the policy or earlier, if needed. The newly established High Council for Population and Human Resources Development and CONAPOP would be encouraged to meet regularly in order to provide guidance during the preparation of quantified objectives. Support would be given to elaborate a strategy and priority programme of action for population data collection and to establish a population documentation centre and data bank. In addition, UNFPA would support intersectoral coordination activities and the strengthening of the Division of Human Resources in terms of staffing and training of personnel. UNFPA would contribute, together with other donors, to the recently established national research fund on population.

40. With regard to the Government's programme for planning for spatial redistribution, UNFPA support would only be required to complete the present phase, which would take population into account in the preparation of the regional plans for spatial distribution. Support for implementation of the regional plans would be undertaken in collaboration with UNDP and, possibly, with other donors.

41. Given the increasing importance and complexity of the Senegalese population programme, there is an increasing need for adequately trained human resources. The needs are greatest in the areas of reproductive health, demography, and population and family life education and communication. UNFPA support is therefore recommended, together with other donors, for the establishment of teaching facilities, preferably at the University of Dakar, pending the results of a feasibility study currently under way. The teaching would be aimed at both graduate and undergraduate students and would seek to ensure that the largest possible number of students understand the basic notions of human reproduction, demography and population education and communication before they leave the university. The total amount proposed for this sector is $1.6 million, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

42. The major objective in the area of women, population and development is to ensure that issues pertaining to women's fertility and reproductive health are given due consideration. This would involve formulating a comprehensive strategy and disseminating it nationally. UNFPA would support the Ministry for Woman, Child and the Family in conducting research on the interrelationship between women's reproductive health and their socio-economic status. UNFPA's assistance is also recommended for disseminating information on such topics as the condition of women, women's legal rights, family law, and traditional practices harmful to women. Publications would be prepared in popular formats and translated into the major Senegalese languages for dissemination among adolescents with primary school-level education and among semi-literate women as learning and reference materials.

43. UNFPA would continue to support the design of culturally-sensitive family life education materials for use by women's groups and villages. It is expected that the demand for this type of materials would drastically increase in the next few years with the implementation of the new women, population and development strategy. The PRSD mission recommended that the experience gained in Louga should be repeated in the Ziguinchor region, where different cultural values prevail. In order to meet the demand for family life and responsible parenthood education for adolescents in the large suburban areas of the capital, and in line with recommendations by the Children's Summit for the protection of young girls, UNFPA would assist local NGOs in establishing urban counselling centres for young adolescent girls in collaboration with UNICEF. It is recommended that UNFPA support in-depth research on the demographic implications of rural-urban migration of women. UNFPA proposes to provide a total of $1.45 million to the sector of women, population and development, of which $350,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

44. Population and the environment. UNFPA, in a joint effort with other JCGP members, would assist population and family life education activities linked to environmental sanitation programmes. The major United Nations agencies already involved in such efforts are the World Food Programme and UNDP; UNICEF and UNFPA are planning to join in this effort. UNFPA would support the training of trainers in family health and family life education, integrating project management components into the training and making use of community-level workshops.

45. A special programme to create awareness of the impact of demographic growth on the environment and on family life has been identified for implementation by the national scouts movement. It is expected that by selecting scouts as a prime target group, a well-informed peer group would be created that can help to

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accelerate the spread of messages concerning family life and responsible sexual behaviour among adolescents in Senegal. The total amount proposed for these special programmes is $600,000, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

45. An amount of $250,000 has been set aside in reserve to fund some priority activities for which resources have not been allocated under the proposed programme.

Programme coordination

47. The responsibility for coordinating the population programme lies with the Ministry of Economy, Finance, and Planning. Intersectoral coordination is overseen by CONAPOP, which will extend to the regional level. An informal network exists to allow better collaboration and coordination of the actions undertaken by agencies active in the area of adolescent fertility to ensure harmony of actions with the IEC strategy. In addition, Senegal is an active member of the regional network on research in reproductive health, initiated by The Population Council. An AIDS Coordination Committee exists, of which UNFPA is a member. On the donor side, there is an informal donor network on population of which UNFPA acts as the secretariat. This donor network is a valuable tool for exchange and dissemination of important information and evaluation reports. The JCGP partners meet regularly, usually with the participation of UNIFEM and WHO. Synchronization of the programming cycles of the JCGP partners has been achieved. Several components of the programme include collaborative activities with other organizations, notably UNICEF and UNDP.

Programme monitoring, evaluation and management

48. All projects under the proposed programme would have built-in monitoring and evaluation components, with clear mechanisms for ensuring regular reviews of the implementation status of planned activities as well as the assessment of the results and of the contribution of such activities to the achievement of overall goals. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37. The proposed country programme would be closely monitored by the staff of the UNFPA Office in Dakar, in accordance with the procedures established in the latest UNFPA guidelines on monitoring and evaluation of UNFPA-supported projects and programmes. Progress reports would be prepared on an annual basis; tripartite reviews would be held annually; a mid-term country review would be organized between UNFPA and the Government in 1994; and a final, independent evaluation of the whole programme would take place in 1996. The capacities of the central government agency responsible for the coordination and implementation of the programme and the major units involved in UNFPA project execution would be strengthened by the organization of training courses on project monitoring, evaluation and management by the UNFPA office.

Financial summary

49. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $12 million over the five-year period 1992-1996, of which $9 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources

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become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,850,000	350,000	3,200,000
Information, education and communication	2,500,000	1,500,000	4,000,000
Data collection and analysis	650,000	250,000	900,000
Population policy formulation	1,200,000	400,000	1,600,000
Women, population and development	1,100,000	350,000	1,450,000
Special programme	450,000	150,000	600,000
Programme reserve	250,000	--	250,000
TOTAL	9,000,000	3,000,000	12,000,000

V. RECOMMENDATION

50. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Senegal in the amount of $12 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $9 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $3 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Senegal and with the executing agencies.

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UNITED NATIONS POPULATION FUND PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Sri Lanka
Support for a comprehensive population programme

Proposed UNFPA assistance:	$6 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Sri Lanka United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Population Division of the Ministry of Health and Women's Affairs

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SRI LANKA

Demographic facts

Population Total (000)	
Total	17,217
Males	8,639
Females	8,579
Sex ratio (/100 females)	100.7
Urban	3,679
Rural	13,539
Per cent urban	21.4
Population in year 2000 (000)	194.6
Functional age groups (%)	
Young child: 0-4	10.5
Child: 5-14	22.1
Youth: 15-24	18.9
Elderly: 60+	8.0
65+	5.2
Women: 15-49	26.5
Median age (years)	24.2
Dependency ratios: total	60.7
(/100) Aged 0-14	52.4
Aged 65+	8.3
Agricultural population density (/hectare of arable land)	9.48

Population density (/sq. km.)	262
Average annual change (000)	
Population increase	224
Births	368
Deaths	103
Net migration	-39
Annual population total (% growth)	1.26
Urban	2.19
Rural	1.00
Crude birth rate (/1000)	20.7
Crude death rate (/1000)	5.8
Net migration rate (/1000)	-2.3
Total fertility rate (/woman)	2.47
Gross reproduction rate (/woman)	1.21
Net reproduction rate (/woman)	1.15
Infant mortality rate (/1000)	24
Life expectancy at birth (years)	
Males	69.5
Females	73.8
Both sexes	71.6
GNP per capita (U.S. dollars, 1989)	430

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6 million, of which $5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Sri Lanka in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the Fund's fourth country programme since 1971.

2. The proposed programme is based on: (a) the Government's priorities and strategy as formulated in the 1990-1994 Public Investment Plan and the 1990-1994 Medium-Term Plan of the Family Health Programme; (b) the findings and recommendations of the 1990 Programme Review and Strategy Development (PRSD) exercise; and (c) further extensive discussions with representatives of concerned ministries, NGOs, universities, agencies of the United Nations system and other donors. For maximum effectiveness, the activities to be undertaken in this programme would be developed and executed, where possible, in close dialogue and cooperation with UNFPA's partners in the Joint Consultative Group on Policy (JCGP).

3. The broad objective of the proposed UNFPA programme would be to assist the Government in achieving its main goal of reaching a stable population by the middle of the next century through limiting population growth to replacement-level fertility by the year 2000. The specific objectives would be: (a) to improve the quality and quantity of maternal and child health and family planning (MCH/FP) service delivery; (b) to strengthen the national capacity to sustain a national family planning programme; (c) to increase knowledge on population and family planning issues especially among youth and young adults; (d) to improve national capacity to effectively identify and coordinate needs in training, as well as to determine priorities for population policy-oriented research and to process and disseminate vital statistics; and (e) to help further integrate Sri Lankan women into mainstream national population and development activities.

4. The strategies proposed to achieve these objectives are as follows: (a) make use of the "cafeteria" approach (i.e., providing as wide a selection of contraceptives as possible) as the major strategy to increase use of modern temporary contraceptive methods; (b) focus on meeting the needs of underserved sectors of the population such as those in fisheries, plantations and Colombo's slums, where fertility and mortality and morbidity rates are higher than the national average; (c) develop a comprehensive IEC strategy aimed at the following target groups: (i) future contraceptors such as youth and young adult men and women in underserved sectors; (ii) decision makers at the national and provincial levels, to increase their awareness, knowledge and sensitivity on population issues; and (iii) health staff, to help improve service delivery; (d) establish a coordinating committee to attain the objectives in paragraph 3(d) above; and (e) adopt a multisectoral approach consisting of specific, strategic interventions in health, education and employment aimed at enhancing opportunities, especially for women in underserved sectors, to better themselves socially and economically.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have

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the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. Demographic trends. Although Sri Lanka's population growth rate of 1.26 per cent compares well with that of most other developing countries, it is the third most densely populated developing country in Asia. It also has one of the highest agricultural population densities in the region. Its 262 people per square kilometre and 9.48 people per hectare of arable land are placing increasing pressure on the environment, and there is a growing imbalance between people, resources and the environment. This imbalance will become more acute in the coming decades as the island's estimated 17.2 million population continues to grow before stabilizing at some 24 million by the year 2040. The additional 6.8 million people, a projection that assumes reaching replacement-level fertility by the year 2000, will have grave consequences on an island that is already seriously overpopulated and suffering from the consequent environmental deterioration.

7. Successful interventions in the population field in the past several decades have resulted in dramatic reductions in fertility and mortality levels throughout the country (see demographic data sheet on p. 2 for current United Nations projections). However, large disparities in fertility and mortality rates persist among different subgroups of the population, notably those in the fishery and plantation sectors as well as those living in Colombo's slum areas. Estimates show, for example, that whereas the total fertility rate nationwide was 2.47 in 1990, the rate per district ranged from 2.3 to 5.0 in the early 1980s. Similar disparities exist among districts for infant and maternal mortality.

8. Despite advanced social policies that helped produce high levels of literacy, education and life expectancy and low levels of mortality for women, women still face important societal constraints. For example, whereas women participate very actively and often at a high level in the development of the country, they have somewhat limited career opportunities in the low- and medium-paid professions. Moreover, a large number of women still assume a subordinate role to men, particularly in rural areas, and thus have very little influence in making decisions concerning them and their families. Although generally not discriminated against by the legal system, women often do not know their legal rights or how to benefit fully from such rights either in the home or in the work place.

9. Other significant demographic trends for the 1990s include: (a) an increase in the youth population (15-24 years of age) from the current estimate of 3.25 million to more than 3.6 million; (b) an increase in absolute numbers of women in the reproductive ages, from an estimated 4.5 million to 5.2 million, or a 2 per cent increase in the proportion of such women in society; and (c) a likely decrease in the rate of out-migration.

10. For decades, Sri Lanka has placed great emphasis on its social development. The country's highly developed health and education sectors were the basis for the success of its family planning programmes, which started in 1958 with support from the Swedish International Development Authority (SIDA). However, civil disturbances, starting in 1983 and culminating in rebellion in 1988-1989, paralyzed the country almost totally. The resulting exodus of skilled staff, loss of motivation, and damage to infrastructure caused the family planning programme to lose momentum. The programme also suffered from a decrease of financial and human resources, which were channeled into the apparently successful effort to restructure the economy.

11. With the recent partial solution of the political problems and with the prospects of improved economic performance, the Government is gradually returning the population issue to the national agenda. The

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National Population Coordination Committee, presided over by the Secretary of the Ministry of Health and Women's Affairs, has been revived, and family planning and population issues are once again being regularly discussed at the meetings of the National Health Council, which is chaired by the Prime Minister. Population goals again figure prominently in the country's development plans, and reaching replacement-level fertility by the year 2000 is the main population objective of the 1990-1994 Public Investment Plan. The Population Division, formerly situated in the Ministry of Plan Implementation and now within the Ministry of Health and Women's Affairs, is the focal point for all population activities and is recognized as such by all parties concerned.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA has been an early and consistent partner of the Government of Sri Lanka in its efforts to moderate population growth. Since 1971, UNFPA has provided approximately $19 million for population activities in Sri Lanka, starting with small-scale projects in 1971 and 1972, then signing an agreement with the Government for the Fund's first country programme in 1973. The proposed country programme for 1992-1996 would be the Fund's fourth in Sri Lanka.

13. In the first years of assistance, UNFPA's activities emphasized awareness creation; from 1980 onwards, family planning service delivery became the core of the programme. In support of improved service delivery, UNFPA continued to assist awareness creation and sensitization activities to support demographic training, data collection and research.

14. UNFPA's assistance has made an important contribution to the relative success of the Government's population programmes. Over the 10-year period from 1978 to 1987, UNFPA's inputs have played a considerable role in increasing contraceptive prevalence from 34 per cent in 1978 to 62 per cent in 1987 and in reducing the birth rate from 28.7 per 1,000 population to 21.3 and maternal mortality from 60 per 100,000 live births to 50 in 1985.

15. UNFPA has made extensive use of NGOs, which have played an important role in Sri Lanka's population programmes. The Fund has, among other things, helped organize training courses for their staffs, assisted them in developing IEC materials, and supplied them with equipment as well as contraceptives. Although coordination of activities between the Government and NGOs, as well as among NGOs themselves, has not always been optimal, UNFPA has good working relations with both and thus is well placed to help improve such coordination in the future.

Maternal and child health and family planning

16. The procurement of contraceptives has been an important part of UNFPA's assistance to Sri Lanka with about 50 per cent of the total funds having been used for this purpose. Such assistance increased in recent years as UNFPA responded to the growing need for modern temporary methods which accompanied the shift in the country's family planning programme after 1987 away from sterilization to the cafeteria approach.

17. As part of the country's efforts to strengthen family planning service delivery, UNFPA assistance helped: (a) to train over 4,500 medical personnel from different categories, including, inter alia, public health nurses in IUD insertion and the use of injectables; (b) to renovate and equip operating rooms in 130 hospitals; and (c) to strengthen governmental units responsible for monitoring and evaluating MCH/FP service delivery.

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The Fund also supported similar activities in training and evaluation specifically tailored to meet the needs of the plantations where, for a variety of reasons, health indicators were far below the national average. As shown by recent statistical data in this sector, this assistance has been instrumental in improving such health indicators.

Information, education and communication

18. UNFPA has assisted the Government in its efforts to include motivational activities in its population programme. Awareness creation and motivational activities for potential family planning users have also been undertaken through different channels such as the Ministries of Plan Implementation, of Health and Women's Affairs, of Labour, and of Plantations, as well as women's groups and NGOs, among others.

19. Subjects related to human reproduction and family planning have been incorporated into the curricula of the Medical Faculties of the Universities of Colombo and Peradeniya since the end of the 1970s. In addition, population education, although ready for updating, has a well-established place in the curriculum of the Sri Lanka school system. In the past, UNFPA funded the introduction of family life education in the school curriculum as a pilot project. This was not successful, however, mainly because at the time it was introduced the subject matter was still considered to be too sensitive and was consequently given a cursory and indirect treatment.

20. The Population Information Centre, established under the UNFPA second country programme (1982-1985) and at present functioning very satisfactorily, collects and disseminates information in order to create awareness among policy makers. The devolution of many government functions to the provinces necessitates providing decision makers at the provincial level with adequate and accurate information on population issues. This implies a more active role for the Population Information Centre, including action-oriented research which it has recently added to its already wide scope of activities.

21. Although these IEC activities have resulted in a generally high level of awareness on population issues, there remains a large subgroup (youth) of the population which is insufficiently informed on responsible reproductive behaviour and which will therefore be addressed in the proposed programme.

Data collection and analysis, and population dynamics

22. UNFPA's assistance in these areas has consisted of providing international expertise in the field of demographic analysis and data processing as well as fellowships abroad for a number of national staff; such expertise was used, inter alia, to help with the conduct and analysis of the 1980 census, for which equipment was also provided. In addition, UNFPA assisted the University of Colombo in providing demographic and population training through the establishment of the Demographic Training and Research Unit (DTRU). This Unit also received UNFPA assistance to conduct research as well as to organize training courses for such professional groups as teachers and government officials. However, of the four staff members who received their Ph.D.s with UNFPA support, three have left the country; a fifth fellow is currently pursuing a Ph.D. course in Australia. As an educational unit the DTRU functions well; however, the unit's various research activities have not yielded the expected results. The reason is that there has been little demand generated among potential users of research results since the types of research undertaken were academic- rather than policy-oriented.

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23. Although valuable data are collected in abundance in Sri Lanka, processing these data poses problems. As a result, large quantities of important vital data which are stored with the Registrar-General's Office remain unused or underutilized.

Women, population and development

24. Unlike their counterparts in most other developing countries, Sri Lankan women have high literacy and education rates and often occupy leading positions in the development of their country. The generally high status of women is one reason why UNFPA has not funded many activities in the past specifically targeted at women. Although women's concerns have been well taken into account and women's organizations used wherever appropriate in past IEC activities, such efforts have not had a significant impact on the status and role of women in such underserved sectors of the population as fisheries, plantations and Colombo slums.

Special programmes

25. UNFPA also recently approved a pilot project to help educate young female employees from rural areas to adjust to the new social and economic conditions of the Free Trade Zone where 40,000 girls live and work. The objective is to convince employers that such young girls can become a more efficient labour force if they are given proper orientation and better living conditions, including adequate information on and access to reproductive health services.

Other external assistance

26. Other donors have also played and still play an important role in Sri Lanka's population programme. The most important in recent years have been the World Bank, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), and the United States Agency for International Development (USAID). As noted above, SIDA had been instrumental in getting family planning activities off the ground.

27. World Bank assistance encompasses three components: (a) management improvement, which is focused on the need to develop an overall population strategy and to integrate it into all sectors; (b) service delivery, which includes, inter alia, research into developing a possible pricing structure of family planning services and contraceptives, training of traditional practitioners, renovation of clinics and supply of equipment; and (c) IEC activities, in particular the review of existing and production of new IEC materials, creation of awareness among those in the mass media, and training of volunteers in IEC interpersonal communication techniques and in counselling. Coordination between the World Bank and UNFPA programmes is facilitated by the fact that both programmes are coordinated by the same office, namely the Population Division.

28. The major courses of action with regard to population in UNICEF's country programme for 1992 to 1996 are to consolidate and sustain child survival, part of which will be the promotion of Safe Motherhood, and to promote the healthy growth and development of children. UNICEF's country programme stresses the need to focus its assistance on "pockets" of low coverage, which, by virtue of need, are the same underserved subgroups identified by UNFPA and which therefore will facilitate close coordination between the two organizations. UNDP's activities with regard to population are its involvement in the AIDS prevention programme, in the planned (but postponed, because of the armed conflict) national census and in rural development activities in the Badulla district, an area UNFPA has identified as requiring immediate assistance.

29. USAID's contribution is focused on technical training and counselling, social marketing and the development of a population model which analyses the relationship between population factors and development through computer modelling techniques.

IV. PROPOSED PROGRAMME 1992-1996

30. The objectives and strategies of the proposed programme are presented in paragraphs 3 and 4 above. The programme has been designed to complement and supplement the country's Family Health Programme, whose overall goal is to improve the health and well-being of the mother and the child and thereby improve the quality of life of the family. Two of its long-term objectives are: (a) to increase the practice of contraception among fertile couples in order to safeguard the health of the mother and child, and (b) to become an integral part of the national effort to reduce the rate of population growth to levels commensurate with planned economic and social development. The required strategic interventions, according to the programme's Medium-Term Plan, 1990-1994, are: (a) to improve accessibility of family planning services; (b) to disseminate appropriate information among adolescents on reproductive health and prepare them for planned parenthood; (c) to develop and strengthen IEC inputs needed for the active promotion of MCH/FP services in the community; and (d) to monitor the provision and utilization of MCH/FP services by the regular use of the existing information system.

31. The proposed programme has been formulated in light of the following lessons learned during the implementation of previous cycles of assistance. First, the shift of emphasis from sterilization to increased use of temporary methods of contraception has not been accompanied by requisite government budgetary allocations. The consequent reliance on donor agencies, particularly UNFPA, to meet the country's contraceptive requirements has tended to detract not only from the development of self-sufficiency but also from the serious consideration of cost-recovery schemes or the promotion of less-expensive temporary methods such as the intra-uterine device (IUD). Second, the success of the previous programme in specifically addressing the needs of the plantations has shown the effectiveness of focusing assistance on specific subgroups within the population, a strategy that would be applied in the next cycle to other problematic pockets/sectors such as fisheries and slum communities as well as to youth aged 15-24. Past experience has also shown that the quality of service delivery has suffered from the lack of regular training and supervision of the public health staff.

Maternal and child health and family planning

32. The main objective of UNFPA assistance in this sector would be to increase contraceptive prevalence from 64 per cent to 72 per cent by the year 2000. This would mean adding some 400,000 more couples as users of modern contraceptive methods between now and the year 2000. The strategies followed to reach this objective would, by design, also help to diminish the geographic disparities in infant and maternal mortality.

33. The first strategy would be to support the cafeteria approach by continuing to supply contraceptives to the Government of Sri Lanka. However, in order to help the Government to gradually establish a self-sustaining family planning programme, UNFPA assistance in this area would be given on a declining scale. Thus, starting in 1992 UNFPA would gradually phase out its support to contraceptive supply by diminishing procurement every year by some 17 per cent.

34. The projected increase in contraceptive requirements and the consequent rise in costs signify a greater financial burden on the Government, a burden that will become heavier as UNFPA phases out its assistance

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to contraceptive supply. Recognizing the seriousness with which Sri Lanka has implemented its family planning programme and considering its decisiveness in the pursuit of population goals, UNFPA proposes to assist the Government in achieving self-reliance through the following strategies: (a) sensitizing decision makers at central and provincial levels in order to strengthen their political commitment to population objectives and to translate this commitment into appropriate budget allocations and sufficient staffing; (b) developing a programme that emphasizes the use of more affordable modern temporary methods of contraception where appropriate (e.g., using the IUD in place of increasingly popular but expensive injectables) through training of personnel and support to IEC activities; (c) assisting in evaluations of government experiments in charging for contraceptives (such experiments will be based on the recommendations of the proposed research financed by the World Bank into cost-recovery schemes for family planning services); and (d) identifying other possible donors and helping to coordinate their participation in collaborative activities.

35. The second strategy would be to focus on improving the delivery of MCH/FP services to disadvantaged socio-economic subgroups or sectors such as, among others, the plantation and fishery sectors as well as Colombo's slum areas. UNFPA would assist the Government in developing, providing and updating high-quality training for medical and paramedical personnel; in equipping MCH/FP centres; and, within limited possibilities, in reconstructing and re-equipping family planning facilities. Assistance would also be provided to strengthen the supervision, monitoring and evaluation of service delivery, primarily through training. UNFPA would also seek to improve service delivery by continuing to provide assistance to NGOs for their work at the grass-roots level.

36. Although the problem of sub-fertility constitutes a relatively minor part of the family planning programme, UNFPA would provide assistance to meet the modest needs in this area, albeit on an ad hoc basis.

37. The shift away from sterilization to modern temporary contraceptive methods will require considerable funds, especially in view of the projected increase in the number of women of reproductive age. Under the proposed programme, UNFPA assistance in this sector would be $3.5 million, of which $500,000 would be sought from other sources, including multi-bilateral sources. It is proposed that $2.5 million be earmarked for contraceptive supplies.

Information, education and communication

38. The objective of UNFPA assistance in this sector would be to provide government and non-government officials, health personnel and the public with the information they need to realize the objectives of the population policy. UNFPA's assistance in this sector would complement the World Bank's information and communication programme, which is the core of its population programme in Sri Lanka. As such, UNFPA would focus its assistance on reaching underserved sectors of society where previous family planning programmes have not had an impact.

39. Awareness creation and sensitization of decision makers at central and provincial levels aimed at generating political support and bringing about needed, concrete policy changes is a necessary strategy, especially given the setback in the implementation of family planning programmes in recent years. With the devolution of many MCH/FP and other population-related activities to the provincial level, the demands for specifically-focused IEC activities have increased and are expected to grow considerably. UNFPA would continue to provide assistance to the Population Information Centre of the Population Division, to enlarge

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the scope and improve the quality of its efforts to meet the information needs of civil servants and local administrators, public health officials, NGO staff, parliamentarians, and university instructors, among others. The Fund would also support the Centre in conducting action-oriented research in such areas as the impact of IEC activities. Coordination of such research will be facilitated by the fact that the Centre and the National Demographic Research Committee (which will be established during the proposed programme cycle -- see para. 44 below) are both located within the Population Division.

40. In order to promote greater awareness of population issues among Sri Lankan youth, UNFPA would support efforts to expand the in-school population programme by introducing family life education into the curriculum of primary and secondary schools. Based on the experience thereby acquired, family life education would also be introduced later to out-of-school youth programmes. Emerging issues such as AIDS, sexually transmitted diseases (STDs), population and the environment as well as gender concerns would be integrated into the family life education curriculum.

41. In order to help improve the quality and delivery of family planning services, the comprehensive IEC strategy would also focus on the training of public health staff in appropriate counselling techniques in the area of reproductive health. The core of the training programme would be in interpersonal communication skills. To ensure that medical personnel receive this important training, UNFPA would assist in introducing such a course in the general curricula of the Medical Faculty of the University of Colombo as well as the faculties of other institutions.

42. UNFPA proposes $1.5 million for this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

43. The objective of UNFPA assistance in this sector would be to help strengthen the national capacity to process data and disseminate information and to identify training needs and research requirements, as well as suitable institutions and appropriate personnel. The main activities would be to strengthen staff and upgrade facilities, expand existing institutions and adapt their functions in order to make them more responsive to the changing needs of the country's evolving population programme.

44. With the objective of optimizing the efficacy of policy-oriented demographic research and training, UNFPA would assist the Government in setting up within the Population Division a coordinating unit in which different organizations active in the field of demographic data collection will be represented. This unit, which would be called the National Demographic Research Committee, would be responsible for identifying needed policy-oriented research and the institutions most capable of carrying it out as well as for evaluating training needs and possibilities and naming suitable candidates for the appropriate programmes.

45. The timely release and effective processing of population data is indispensable for the effective integration of population factors into health and development planning. As part of the effort to strengthen the national capacity to perform such functions, UNFPA would provide assistance in the form of training and equipment to the Registrar-General's Office, so as to enable it to make better use of the enormous amounts of data it collects and stores. UNFPA would also support efforts to analyse the data collected during the upcoming census, to be undertaken with assistance from the Japan International Cooperation Agency (JICA) and UNDP.

46. Strengthening of national capacity also implies a strategy of continuous training and re-training of professional staff. One of the institutions to be supported is the Demographic Training and Research Unit of the University of Colombo. UNFPA assistance would be used to purchase additional equipment and to enable staff to participate in important technical seminars and workshops. The Fund would also support the DTRU in undertaking policy-oriented research, which would benefit from close collaboration with the newly created National Demographic Research Committee. In view of the devolution of administration to the provincial governments, UNFPA would strengthen the DTRU's training capacity to meet the needs of local administrators, in particular as regards integrating population variables into development planning.

47. UNFPA proposes the amount of $300,000 for assistance in this sector.

Women, population and development

48. The proposed programme of assistance would ensure that women's concerns are integrated into the strategies adopted for each sector. As stated earlier, women, especially those in the underserved sectors of society, would be the focus of messages and activities appropriately designed to enable them to participate more fruitfully in national population and development activities. A large part of these activities would take place at the grass-roots level and would involve women's NGOs.

49. UNFPA would provide assistance to undertake policy-oriented research on the causes of the high drop-out rates among females in school in such areas as plantations and the fisheries sector. Based on the findings and recommendations of this research, UNFPA would assist the Government in implementing specifically designed activities in one or more pilot areas. Research focusing on the high emigration rate of women from rural areas would also be supported.

50. In order to assist women in making full use of their legal rights, UNFPA would assist in the establishment of counselling facilities in the free trade zones to help female workers in diagnosing the social nature of their problems and to assist them in developing the skills needed to find or negotiate appropriate solutions, with special emphasis on population issues.

51. UNFPA proposes assistance in the amount of $600,000, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

52. A reserve of $100,000 would be set aside from UNFPA's regular resources to meet unforeseen needs that may arise.

Programme coordination

53. The Department of External Resources within the Ministry of Finance is the major agency responsible for coordinating technical assistance in Sri Lanka. In the actual implementation of population activities, UNFPA would continue to work very closely with the Population Division of the Ministry of Health and Women's Affairs. The task of programme coordination is facilitated by the fact that the Population Division also coordinates the IEC component of the World Bank's population programme. UNFPA would also continue to collaborate with the Family Health Bureau, which also implements the Family Planning Service Delivery Programme.

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54. The proposed country programme has been developed in close cooperation with the Government, other agencies of the United Nations system, NGOs, and multilateral and bilateral donors, taking into account future and past activities. In order to strengthen programme coordination, UNFPA would continue to coordinate activities with the other members of the JCGP as well as with other donors through regular meetings with representatives of the individual organizations as well as through general biannual meetings. Coordination would be facilitated by the fact that UNFPA's fourth country programme coincides with the programme cycles of UNDP and UNICEF. It would also benefit from UNFPA's excellent working relationships with government agencies and with NGOs.

Programme monitoring, evaluation and management

55. Mechanisms for periodic monitoring and evaluation, including annual reviews, would be built into each programme component and conducted in accordance with standard UNFPA guidelines. A mid-term country review would be undertaken in 1994 or earlier, if deemed necessary. All these exercises would be undertaken by UNFPA in close collaboration with the country's Population Division and other organizations and agencies, where appropriate. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

56. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $6 million over the five-year period 1992-1996, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	3,000,000	500,000	3,500,000
Information, education and communication	1,100,000	400,000	1,500,000
Data collection and analysis	300,000	--	300,000
Women, population and development	500,000	100,000	600,000
Programme reserve	100,000	--	100,000
Total	5,000,000	1,000,000	6,000,000

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V. RECOMMENDATION

57. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Sri Lanka in the amount of $6 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Sri Lanka and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director Assistance to the Government of Mozambique Support for a comprehensive population programme

Proposed UNFPA assistance:	$8 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1992
Executing agencies:	Government of Mozambique United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Planning Commission

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92-03490

MOZAMBIQUE

Demographic facts

Population Total (000)	
Total	15,656
Males	7,722
Females	7,934
Sex ratio (/100 females)	97.3
Urban	4,188
Rural	11,468
Per cent urban	26.8
Population in year 2000 (000)	20,493
Functional age groups (%)	
Young child: 0-4	17.8
Child: 5-14	26.2
Youth: 15-24	18.9
Elderly: 60+	5.2
65+	3.2
Women: 15-49	22.9
Median age (years)	18.0
Dependency ratios: total	89.5
(/100) Aged 0-14	83.4
Aged 65+	6.1
Agricultural population density (/hectare of arable land)	4.25

Population density (/sq. km.)	20
Average annual change (000)	
Population increase	453
Births	738
Deaths	285
Net migration	0
Annual population total (% growth)	2.70
Urban	7.64
Rural	0.54
Crude birth rate (/1000)	44.0
Crude death rate (/1000)	17.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.23
Gross reproduction rate (/woman)	3.07
Net reproduction rate (/woman)	2.18
Infant mortality rate (/1000)	130
Life expectancy at birth (years)	
Males	46.9
Females	50.2
Both sexes	48.5
GNP per capita (U.S. dollars, 1989)	80

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $8 million, of which $5 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1992, to assist the Government of Mozambique in achieving its population and development objectives. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the recommendations of a UNFPA multi-sectoral Programme Review and Strategy Development (PRSD) mission that visited Mozambique in November 1990; the Government's own strategy to develop a national population policy; the recommendations from the National Seminar on Population and Development held in July 1990, and from the National Seminar on Safe Motherhood held in November 1990; and the recommendations from the final tripartite project review concerning maternal and child health and family planning (MCH/FP) activities and the project to establish the Population Planning Unit. The proposed programme fits within the framework of national plans and programmes for poverty alleviation and for economic and social development.

3. The broad objectives of the proposed programme are to assist the Government in: (a) achieving more balanced population trends and distribution, in line with national resources in order to enhance long-term sustainable development; (b) reducing maternal and infant mortality and morbidity through continuing improvement in the quality and coverage of MCH/FP services; (c) improving the knowledge of the interrelationships between population and development within the cultural setting of Mozambique; (d) systematically integrating population variables into development planning with particular attention to poverty alleviation programmes; and (e) promoting the status of women through the elimination of practices that hinder their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Mozambique was estimated at 15.6 million in 1990, up from 12.1 million in 1980, and United Nations projections indicate a population of 20.5 million for the year 2000. The annual rate of growth, estimated at 2.7 per cent (1990-1995), will probably increase when peace is established and the mortality level falls. The total fertility rate is estimated at 6.2. Life expectancy at birth is estimated at about 48.5 years, while infant mortality is estimated at 130 per 1,000 live births. Mozambique has an extremely young population with the 0-14 age group estimated at 44 per cent of the total, while the population aged 65 years and over accounts for only 3.2 per cent, contributing to a high dependency ratio of 83.4 dependent children per 100 working-age population.

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6. Mozambique continues to be in the grip of a war of destabilization. More than a million refugees are in neighbouring countries. Between 3 and 4 million people have been displaced within the country, frequently seeking protection in or around cities. The Government is planning to reduce the rapid urban growth and promote voluntary resettlement of displaced populations to their areas of origin once peace is achieved. As for war refugees in neighbouring countries, the Government is also considering voluntary repatriation programmes and resettlement to the areas of origin. Mozambique is a vast country with good agricultural potential, but its population is mainly concentrated in coastal areas with high agricultural densities, where fragile soils are exposed to erosion. The war has exacerbated this skewed population distribution, with a clear impact on the environment. This unbalanced population distribution is perceived as the most pressing population issue.

7. No quantitative objectives or targets regarding population size, growth rate or fertility level currently exist. However, the Government is aware that during the last decade population growth has largely exceeded economic growth. In fact, the gross national product (GNP) has decreased for several years, exacerbating poverty in large sectors of the population. Mozambique is largely dependent on foreign aid: in 1988, official development assistance constituted 70.6 per cent of GNP. Today, Mozambique is one of the poorest countries in the world, with a per capita income of less than $100, and nearly 65 per cent of its population is considered to be living in absolute poverty, spending more than two thirds of household income on food. Because of these conditions, population and development activities take special account of the high level of poverty and are an integral part of efforts to achieve sustainable development.

8. The Government of Mozambique has not yet established an explicit population policy. However, population growth and distribution and their effect on economic and social development have been addressed by government officials and national leaders at different fora. The new constitution protects the right to live in a balanced environment. The Government, following the guidelines issued by the Fifth Congress of the Mozambique Liberation Front (FRELIMO -- the ruling party) in 1989, considers that population growth and distribution need to be balanced with economic resources and fosters the preservation of non-renewable natural resources and the environment. The Government has initiated a process to establish an integrated national population policy. In this regard, a Population Planning Unit (PPU) has been created within the National Planning Commission (see para. 25). The main constraints in formulating a national population policy are the lack of professionals trained in population analysis and the need for a wider debate and consensus on the contents of the policy.

9. Family planning activities are integrated into the maternal and child health programme and are recognized to be an important part of the effort to protect the health of children and women. A minimum two-year interval between childbirth and the next pregnancy is encouraged. The Ministry of Health's policy is that couples should be provided with educational materials and contraceptives to allow them to space their children. Current levels of morbidity and mortality are considered unacceptable. Pregnant women and children are identified as a special policy concern. Safe Motherhood objectives have been adopted following a national seminar on Safe Motherhood and have been integrated into the MCH/FP programme.

10. As regards the health system as a whole, the main goals are to improve the quality of services, restore the health infrastructure lost due to the war, and extend the benefits of the National Health Service to all parts of the country. Priority is given to preventive medicine with emphasis on major immunization programmes, MCH/FP, nutrition education, and environmental management. The main constraints in achieving these goals are the war, with its continued destruction of infrastructure and equipment, and the shortage of qualified personnel.

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11. The skewed distribution of population is regarded as a negative factor in development efforts and is also causing serious environmental problems. In urban and peri-urban areas, which have experienced very fast growth, the environment has deteriorated, as sanitation, water, transport and other infrastructures and services have not expanded to meet needs. Displaced people, fleeing from the war, are concentrated in unplanned and congested settlements without water, sanitation or electricity. Such human concentrations, involving nearly a third of the country's population, are having a devastating effect on the environment. Vast areas around the cities are being deforested in the ever-widening search for fuel-wood and building materials. This is particularly noticeable in the coastal regions, where soils are highly erodible or sandy and unable to support the current pressure of human population. Elsewhere in the country, there is widespread slash-and-burn cultivation. Very few farmers could afford fertilizers, even if they were available. Urgent action is needed to prevent the destruction of the indigenous forests from unsustainable farming techniques and also to regulate the activities of the timber industry.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. At its twenty-sixth session in June 1979, the Governing Council approved the first UNFPA country programme of assistance to Mozambique in the amount of $9 million for the period 1979-1983. From 1979 to 1981 expenditures totalled $2 million. The balance was then reduced to $4.2 million, of which $3 million was expended up to 1985.

13. The second UNFPA country programme of assistance to Mozambique was approved by the Governing Council at its thirty-third session in June 1986. This was a five-year comprehensive programme providing assistance to all population-related sectors. The proposed assistance was $6 million, of which $4 million was to be provided by UNFPA and the rest by UNFPA or from multi-bilateral resources. By the end of the programming cycle, expenditures reached $5.2 million. A one-year bridging period was established for 1991, including the continuance of projects in areas requiring further assistance. This allowed the synchronization of the programming cycle with that of the United Nations Development Programme (UNDP), in order to facilitate the adoption of an integrated programme approach. An expenditure ceiling of $1 million was established for 1991 to allow for the extension of programme activities.

Maternal and child health and family planning

14. UNFPA support for national MCH/FP activities began in 1978. Until then, no family planning activities had been carried out in the country, and very little had been done as regards maternal and child health. In its first phase, the family planning programme was aimed primarily at those women at high reproductive risk of maternal and perinatal mortality and morbidity. A major achievement of UNFPA-supported activities in the first country programme was the formulation of a comprehensive national MCH/FP programme, adopted by the Ministry of Health in 1983. Programme administration and service delivery were strengthened through technical assistance and training. A major policy decision was the introduction of a new type of health personnel, the MCH/FP nurse, which allowed the extension of coverage and upgrading of services offered. A total of $3.7 million was allocated, and $2.9 million had been spent up to 1985.

15. The second phase of the MCH/FP project started in 1986, with the second country programme. A total of $2.4 million was provided and spent up to 1990. It emphasized increased coverage of MCH/FP services, training of health providers and consolidation of programme management in order to detect and recruit members of the at-risk population into family planning and other MCH activities.

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16. As mentioned, a notable feature of the assistance to the MCH/FP programme to date has been the training of MCH/FP nurses, capable of delivering ante-natal, post-natal, normal labour and newborn care, and the full range of family planning services including intra-uterine device (IUD) insertion. These new basic health workers, together with equipment and supplies provided by UNFPA and other donors, resulted in a significant increase in ante-natal visits (57 per cent), institutional delivery care (26 per cent) and family planning acceptors (568 per cent) during the period 1979 to 1984.

17. After 1984, the intensification of the war caused destruction and closure of a number of health units and rural hospitals. The steady increase in coverage observed in all MCH/FP components up to 1984 then stagnated or decreased from 1984 to 1989. The only exception was in the area of family planning, which expanded consistently until 1989, when a shortage in stock of contraceptive supplies caused a decrease in service delivery. The increase in contraceptive use occurred primarily in urban areas. Data from a survey executed in 1987 with UNFPA assistance, within the MCH/FP project, indicated a contraceptive prevalence rate of about 16.5 per cent of women in fertile age in Maputo and 11.5 per cent in other urban areas. For the country as a whole the estimated prevalence rate was 6.5 per cent, but the urban areas were overrepresented in the sample, as some rural areas could not be covered for security reasons. The war has not only destroyed physical infrastructure, but logistics and information systems have also deteriorated and in some areas collapsed altogether, creating serious problems for management, procurement and distribution of supplies.

18. Another important feature of the second phase of assistance to MCH/FP was the creation of the MCH/FP provincial management teams composed of the local pediatrician and the obstetrician/gynecologist, both with supervisory and advisory functions, the person responsible for community health (usually a technician in preventive medicine), and an MCH/FP nurse responsible for the supervision and administration of the programme. These provincial teams played a relevant role in expanding the programme and extending supervision and advisory activities to the district level.

19. As for the accomplishments of the programme, the strengthening of the management of MCH/FP activities was considered to have been achieved to a high degree. Its consolidation, however, proved more problematic. At the central level, the turnover of personnel has deprived the MCH/FP section of experienced staff. At the provincial level, the MCH/FP teams were established and in most provinces functioned satisfactorily. However, the war situation severely hampered supervisory activities, and the increased workload of most senior staff resulted in more responsibilities resting on the nurses (who in many cases have only a sixth-grade level of education). The combination of these factors caused a deterioration of the programme, which accelerated after most provincial advisers were phased out in 1989 due to the war.

20. Other achievements of the MCH/FP programme have been the execution of surveys including anthropological studies and complete birth histories along the line of the World Fertility Survey Programme, which constitute the only data available at national level since the 1980 census, and the National Seminar on Safe Motherhood, 1990, which analysed and made recommendations on ways to better focus the MCH/FP programme to reduce maternal mortality.

Information, education and communication

21. The second UNFPA country programme of assistance allocated $1.3 million for information, education and communication (IEC) activities, of which $1.17 million had been spent by December 1990. Two main projects and a pilot project were carried out.

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22. Population education in schools. An in-school programme has provided assistance to integrate population education into the curricula of the Mozambican primary, secondary and vocational school systems. By the end of the first phase, the project had achieved considerable success: a strategy paper was prepared to guide the introduction of population and family life education into the curricula at primary level; teachers' and students' manuals have been produced and pilot tests are being carried out in 22 schools in four provinces; socio-cultural studies have been conducted to orient approaches and methods suitable to the Mozambican society; training programmes have been developed to prepare teachers; and awareness-creation activities have been implemented.

23. Population education out of schools. UNESCO-executed IEC activities in support of MCH/FP were implemented by the Ministry of Health. The second country programme also proposed a pilot project to introduce training in family life education and responsible parenthood in some 20 villages. It was designed to study the needs and to test the impact and acceptability of family life education in villages. The project, however, ran into serious problems because of the deteriorating security situation in rural areas, and planned activities could not be executed. The project was revised, reformulated, and implemented in 1991, having reduced its rural target population to safe areas. It incorporated 10 enterprises in urban areas with workers in the organized labour sector. Based on the results achieved in this pilot phase, a large-scale project is planned to be introduced in close cooperation with the Mozambican Workers Organization (OTM) to bring family life education and responsible parenthood awareness to all organized workers in the country.

Data collection and analysis

24. The second country programme provided $775,000 to execute the 1990 population census. The war situation prevented the placement of field work teams to perform data collection in many areas of the country. Therefore the Government decided to postpone the census until 1995, executing instead a national demographic survey in 1991. There has been a dearth of activity in this sector since the conduct of the 1980 population census with the exception of the analysis of data from a survey on reproductive behaviour of Mozambican women in 1987 in the context of the MCH/FP projects and the current demographic survey. Preparatory census activities, however, began in 1988 and included cartographic training and technical advice. The availability of reliable updated information is therefore one of the most serious problems facing the country. Particularly with regards to population distribution, all indicators are based on impressionistic information. The results from the 1991 demographic survey were expected to be available in mid-1992.

Population policy formulation

25. UNFPA assistance was provided for establishing a Population Planning Unit (PPU) at the National Planning Commission. Preparatory activities started in 1987 and the PPU was established in 1990. The PPU's main responsibilities are to integrate population variables into economic and social development plans at all levels and to carry out the development, formulation and evaluation of population policies within the framework of the Government's long-term strategy for socio-economic development. In particular, the PPU should ensure that population aspects are taken into consideration in structural adjustment and poverty alleviation plans, and monitor the impact of these programmes on the most vulnerable sectors of the population, especially women and children. Population policy formulation, through the PPU, was allocated a total assistance of about $850,000, of which $360,000 came from UNFPA regular resources. At present, the PPU is staffed with five national university-level professionals, plus one professional financed through the UNICEF component and a chief technical adviser financed by UNFPA. Given the severe shortage of Mozambican university graduates, the Government's commitment to the PPU is illustrative of the importance attached to this sector.

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Population research and training

26. UNFPA support in the amount of $647,593 was provided for demographic training at the Eduardo Mondlane University (UEM) under a programme executed by the United Nations. Courses in demography have been introduced in the faculties of medicine, economics and geography. Population subjects are also planned to be introduced in the faculties of architecture and agronomy. A Demographic Documentation Unit has been established, and a manual on demography in Portuguese has been prepared. With only three Mozambicans currently holding a master's degree in population-related areas, there is still a serious shortage of trained nationals.

Women, population and development

27. UNFPA provided a total $310,000 of assistance to the Government to enhance the status of women through programmes aimed at strengthening the Mozambican Women's Organization (OMM). The objectives were to enable the organization to effectively play its role as a health mobilizer at the community level and to promote utilization of MCH/FP and AIDS education, as well as to conduct literacy activities, provide training in management and administration, and organize workshops and other relevant activities at the national and provincial levels. By the end of the first phase of this project, 22 women had been trained as trainers, 550 as health activists-mobilizers and 70 were given some training related to marketable skills. Notably, 26 Women Circles of Interest had been established in all provinces. These consist of community centres or groups around which women meet to discuss common problems, including issues of reproductive health, and organize themselves for social, educational and productive activities.

Other external assistance

28. UNFPA has been the main, and often the only, provider of population assistance in Mozambique. As the population programme expanded beyond the scope of UNFPA resources, UNFPA was instrumental in procuring additional assistance. Coordination among agencies facilitated inter-agency cooperation in data collection and analysis. The World Food Programme (WFP) has provided support to the population programme during the UNFPA second country programme, first assisting with food in support of the training of MCH/FP nurses, then through "food for work" assistance to OMM health mobilizers and monitors. The United Nations Children's Fund (UNICEF) has been providing support to MCH, mainly addressing the needs of children with emphasis on expanded immunization programmes, nutrition and education. In 1990, UNICEF allocated $850,000 to support activities (1990-1994) linked to UNFPA-sponsored projects, and UNDP allocated $280,000 for the year 1991 for population data collection and extension of the Population Planning Unit project up to December 1991.

29. At the end of 1990, the United States Agency for International Development (USAID) allocated $20 million to Mozambique for health and population programmes. The distribution of assistance by sectors is not yet defined, but supply of all types of contraceptives would be taken over by USAID, except injectables, which will be supplied by UNFPA. Support to the MCH/FP management information and logistics systems is to be considered, as well as assistance to the National Directorate of Statistics, initially for data processing and analysis.

30. The Organization of Petroleum Exporting Countries (OPEC) Fund for International Development provided a grant of $100,000 through a multi-bilateral arrangement with UNFPA in support of the MCH/FP programme. The International Planned Parenthood Federation (IPPF) has been providing contraceptives since 1980. IPPF also provides support for IEC activities. Up to December 1990 the cumulative grant provided by IPPF was $900,000. For 1991 the estimated grant is $260,000 and $280,800 for 1992. Family Planning

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International Assistance (FPIA) provided a total cumulative grant of $150,000 for family planning commodities as of June 1990.

IV. PROPOSED PROGRAMME 1992 - 1994

31. The present situation in Mozambique requires an approach that considers two possible scenarios: a continuation of the current war of destabilization; and the establishment of peace. The need for post-war planning was cited by the Government at the Consultative Group Meeting held at the Paris offices of the World Bank in December 1990, calling attention to the increased resources necessary to reintegrate 1.1 million external refugees and 3.5 million internally displaced people into the rural economy following a peace settlement. Considering that the prospects of achieving peace in the near future are positive, the strategy for UNFPA support should be to concentrate assistance on those activities that could take effect under the present circumstances and would also transcend any changes that may arise with peace. The proposed programme is limited to a three-year period under the assumption that there will be more scope for UNFPA assistance in the future once peace is achieved. The proposed interim programme would emphasize training of human resources; support to the National Planning Commission in developing and formulating population policies, including policy-oriented research; and support to consolidate the management of the MCH/FP programme at the central level while strengthening planning, administration, logistic and supervision capacities at the provincial level and preparing to expand and consolidate MCH/FP activities at the district level in the future. The broad objectives of the programme have been stated in the summary section.

32. In more precise terms, the programme would address strategic aspects that require immediate attention in any scenario. A population policy has to be developed and formulated independently of any eventual political changes in the near future. Long-term development issues require that population distribution and urbanization receive priority attention. In order to formulate such a policy it will be necessary to improve the capacity for data collection and analysis. A participatory approach to policy formulation should be encouraged through awareness creation of the role of population factors in national development. The level and quality of MCH/FP services, even within the restricted areas in which the system can currently operate, are totally insufficient and inadequate. Management, administration and supervision of the MCH/FP programme have to be strengthened and consolidated at all levels, with priority given to the provinces to improve the present situation and to prepare for expansion once peace is achieved. Training of service providers, and particularly the training of trainers, should receive immediate attention. Population education in and out of schools and the improvement of women's status in the society are key issues in population programmes seeking long-term demographic effects; activities in these areas have been initiated in previous country programmes but much remains to be done even within the secure limits of urban areas.

Maternal and child health and family planning

33. In spite of concerted efforts by the Government, the health sector in Mozambique continues to face formidable constraints caused by the war and the shortage of qualified staff. This is compounded in the area of MCH/FP by widespread problems with logistics and the supply of contraceptives. Although some primary health care units in every district provide some MCH/FP services, not all of these units offer family planning services. Moreover, many units function only a few hours a day, since most people, including health providers, leave the villages to seek protection in secure areas before nightfall.

34. Further efforts are needed, therefore, to improve the quality and availability of health and family planning services even in areas where the system is operating. While targets on staff training have been achieved (300

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MCH nurses and 240 midwives), the distribution of such staff throughout the country has been skewed toward urban centres, and absolute numbers fall short of requirements. The war has also destroyed nearly 25 per cent of the primary health care units.

35. There are no statistics to assess the impact all this has had on maternal mortality and morbidity, but fragmentary information from hospital records indicates that they continue to be unacceptably high. For example, maternal mortality rates in Maputo Central Hospital are estimated at 250 deaths per 100,000 live births; the rates in Tete Provincial Hospital are more than twice that number at about 600 per 100,000. Furthermore, long-term effective contraception is not readily available to most women at high obstetric risk, and this is a major cause of maternal deaths.

36. Training of staff in MCH/FP would therefore be a priority of the proposed UNFPA programme. In order to help consolidate the programme at the provincial and district levels, training in MCH/FP would be extended to medical technicians, including those who specialize in preventive medicine. To reduce maternal mortality rates and help achieve the goals set by the National Seminar on Safe Motherhood, MCH/FP nurses would receive further training, both practical and technical, and candidates with a standard ninth-grade education or more would be trained as MCH nurses. UNFPA would also provide support to train a new category of health worker -- mid-level MCH/FP technicians -- who will be used to help avert maternal deaths of women at high risk by, among other things, identifying women requiring caesarian sections and surgical sterilization. Such trained technicians would also be expected to improve the quality of institutional care at delivery and to participate in activities designed to prevent the spread of sexually transmitted diseases (STDs) and HIV infection.

37. Support would also be given to strengthen the Ministry of Health's institutional capacity to deliver and manage MCH/FP programmes through providing: (a) technical assistance (short- and long-term) in developing human resources and in managing and administering programmes, information systems and logistics; (b) long-term fellowships for health personnel to be trained at advanced levels in programme management and in the planning of primary health care and MCH/FP services; (c) basic and in-service training of MCH/FP nurses; short-term, intensive training in maternal and child health for medical technicians; and training of traditional birth attendants (TBAs); (d) training of trainers for MCH/FP nurses; (e) technical assistance, equipment and contraceptives to all 450 service delivery points that have trained MCH nurses, so that the full range of family planning services may be offered, including surgical contraception in those health units with adequate facilities; and (f) research studies on the acceptability, use and continuity of contraceptive methods.

38. A total amount of $3.2 million would be provided to the MCH/FP sector, of which $1.2 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

39. The following target groups have been identified as requiring priority attention in the proposed programme: (a) policy makers, leaders and cadres at different levels who are instrumental in policy formulation and implementation; (b) primary and secondary school students; and (c) potential users of family planning. The first group would be addressed in order to stimulate national debate and achieve a consensus with regard to population policy formulation and implementation. The second group would be reached through the formal education system with a programme designed to develop values and attitudes with regards to population and environment, gender equality, responsible parenthood and AIDS prevention. The third group would be encouraged to use family planning, practise responsible parenthood and adopt gender sensitive attitudes. Those

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in the third group would also be informed about AIDS prevention. The messages and the channels used would be specially designed and selected to effectively reach each target group.

40. The proposed programme would continue to support the Ministry of Education in order to complete the introduction of population and family life education, currently at the pilot stage, in all accessible primary schools and initiate it at secondary schools and teacher training institutions. The proposed programme would also continue to support the Social Communication Institute in developing and testing communication messages and materials on MCH/FP and responsible parenthood. These materials would be used to implement activities aimed at organized workers and agricultural cooperatives, through the Mozambican Workers Organization, the Mozambican Women's Organization, the Mozambican Youth Organization and the Ministry of Agriculture's rural extension programmes.

41. Under the proposed programme, support would also be given to the Ministry of Information to produce information and education programmes on population issues for broadcasting through mass communication channels, particularly the radio, which is the main mass medium in the country. In this connection, a National Seminar on Mass Communication for Development was held in Mozambique in January 1991, and population and environment were indicated as priority areas for the Ministry of Information. The programme also proposes to give assistance to the Photographic Training Centre of the Ministry of Information in setting-up a photo library of images on population, development and environment matters to serve as reference and support materials for information and communication programmes in Mozambique. The Centre is the national training institution for all photo-visual journalists and serves as a depository and reference and documentation centre for all the media.

42. Support would be given to the school of radio and school of journalism to develop curricula and train teachers in introducing population and development disciplines. Teachers of these schools are influential practicing journalists, and the schools are mainly financed through the national news agencies, newspapers and radio, which recruit students upon graduation. These activities are considered crucial for creating awareness of population and development policy objectives as well as for developing mass communication programmes, both of which can be achieved with modest external financial assistance.

43. For the IEC sector, UNFPA proposes to provide $1.6 million, of which $600,000 would be sought from other sources, including multi-bilateral sources. The formal education sector would receive support in the amount of $600,000 (two thirds from regular resources); IEC in rural extension programmes would receive $450,000 (two thirds from regular resources).

Data collection and analysis

44. Availability of up-to-date and reliable statistical data for planning purposes is a high priority of the Government. A national demographic survey was conducted in 1991, and support would be provided to analyse the survey data. Assistance would also be provided for preparatory activities for the 1995 population census. UNFPA proposes to assist the Government in improving and standardizing the periodic collection of population data by including demographic modules in the regular household surveys that are conducted with UNDP assistance. Training and technical assistance would be given to administrative structures such as the Ministry for State Administration that routinely collect statistical data. These data could, with some improvements, be used effectively for population analysis. UNFPA would also provide technical assistance to help reorganize the civil registration system, an activity that would ultimately require considerable financial assistance from other donors.

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45. Population and the environment. The proposed country programme would give a much higher priority to environmental concerns. Policy-oriented research studies would be conducted to ascertain the environmental impact of demographic trends and programmes, and closer coordination would be established with national institutions addressing environmental issues to assist in integration of demographic variables in environmental planning and to ensure that proper consideration is given to population factors. Environment-related activities would be programmed in data collection and analysis and population research and training.

46. A total of $800,000 would be allocated to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

47. Support for the PPU should continue in order to enable the National Planning Commission to develop the capacities to systematically integrate population variables into national and sectoral planning and to develop, formulate and implement population policies and programmes that take into account the specific situation of the Mozambican population, and of women in particular. A total of $800,000 would be provided to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

48. Support would be provided to conduct research studies and disseminate findings on such issues as: (a) population movements, with high priority on population redistribution and its impact on the environment and the condition of women; (b) fertility trends and determinants, with particular attention to traditional values and the status of women; and (c) demographic and social aspects related to migration and resettlement programmes in order to guide the monitoring of and adjustments to these programmes. The UNFPA programme would also support the analysis of national demographic surveys and census data so as to determine the levels and trends of population variables and the demographic and social implications of these trends and to update population projections.

49. UNFPA assistance would also be used to help develop an information system on population and the situation of women, incorporating the 1980 census data and all subsequent surveys and other related statistical information, and to strengthen national institutions like the Eduardo Mondlane University, the Population Planning Unit, and the African Studies Centre so as to develop their capacities to carry out demographic analysis, studies of determinants and consequences of population trends, interactions of demographic and socio-economic variables and population projections. A total amount of $700,000 would be provided to this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

50. Enabling women to take control over their reproductive lives and productive activities is one of the most significant contributions of population and development programmes. In this context, support to the Mozambican Women's Organization should continue and be expanded. The OMM, through its health activists/mobilizers at the community level, should be an important determinant of change. Other national NGOs involved with community development and the economic and social advancement of women should receive technical and financial support to develop programmes and projects aimed at improving the situation of women, alleviate poverty and empower women to take decisions concerning their own lives and their families' welfare. To support

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such activities, UNFPA would provide $700,000, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

51. A reserve of $200,000 would be set aside to meet unforeseen needs that may arise during the programme period.

Programme coordination

52. The coordination of technical assistance programmes rests with the Ministry of Co-operation which does so with support from UNDP. In this context the government coordinating agency in population assistance is the Ministry of Co-operation. Since the PPU was established, the Ministry of Co-operation has relied increasingly on it in technical questions. The PPU is well positioned to ensure that demographic variables are incorporated into both sectoral and national development plans. The proposed programme would provide for support to strengthen the PPU's capabilities in this task of coordination. UNFPA would seek to coordinate its activities with those of its partner agencies in the United Nations system and in particular with those in the Joint Consultative Group on Policy (JCGP) and maintain contact with other donors and NGOs. Close collaboration with UNICEF will be continued.

Programme monitoring, evaluation and management

53. The programme would be monitored by the UNFPA Country Director under the general supervision of the UNFPA Representative. The programme would be subject to monitoring and evaluation in accordance with standard UNFPA guidelines, which emphasize the need for progress reports, tripartite reviews, periodic country reviews, and a final report on individual activities. Mechanisms for periodic monitoring and evaluation, including technical reviews, would be built into each programme component. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

54. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $8 million over the three-year period 1992-1994, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $3 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,000,000	1,200,000	3,200,000
Information, education and communication	1,000,000	600,000	1,600,000
Data collection and analysis	500,000	300,000	800,000
Population policy formulation	500,000	300,000	800,000
Population dynamics	400,000	300,000	700,000
Women, population and development	400,000	300,000	700,000
Programme reserve	200,000	-	200,000
TOTAL	5,000,000	3,000,000	8,000,000

V. RECOMMENDATION

55. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Mozambique in the amount of $8 million for the three-year period 1992-1994;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $3 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Mozambique and with the executing agencies.
